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THE IMPACT OF PEER EDUCATION PROGRAM ON THE HIV RISK BEHAVIORS OF ADDIS ABABA TAXI COMMUNITY

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List of Abbreviations

AA	Addis Ababa
ABC	Abstinence, Be faithful, Condom use
ACIPH	Addis Continental Institute of Public Health
AIDS	Acquired Immune Deficiency Syndrome
ANOVA	Analysis of Variance
AOR	Adjusted Odds Ratio
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CT	Core Trainer
COR	Crude Odds Ratio
CP	Commercial Partner
DHS	Demographic Health Survey
ETB	Ethiopian Birr
FDRE	Federal Democratic Republic of Ethiopia
FGAE	Family Guidance Association of Ethiopia
FGD	Focus group discussion
FHAPCO	Federal HIV AIDS prevention and Control Office
FHI	Family Health International
HIV	Human Immune-deficiency Virus
IDI	In-depth interview
IEC	Information, Education, Communication
MAC	Millennium AIDS campaign
MOH	Ministry Of Health
NGO	Non Governmental Organization
NRSP	Non Regular Sexual Partner
OR	Odds Ratio
PL	Peer Leader
PLT	Peer leader trainer
STI	Sexually transmitted Infection
RP	Regular Partner
SYGE	Save Your Generation Ethiopia
UOG	University of Gondar
VCT	Voluntary Counseling and Testing

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ABSTRACT

Back ground: The Addis Ababa taxi community populations estimated to be 28,000, almost all are males, majority of them were young age 15-35 and sexually active with multiple sexual partners, consumed alcohol and chat regularly which led to unexpected sexual encounters and unsafe sexual practices. They lacked comprehensive knowledge about HIV, and had significant amount of misconception on HIV/AIDS and had low uptake of HIV services.

SYGE and FHI started targeted special HIV prevention intervention through peer education and reinforcing activities in 2004 to contribute to the reduction of risk behavior among the target.

Objectives: The study aimed to assess the impact of BCC intervention in reducing High risk behaviors of Addis Ababa taxi community groups.

Methodology: The study was a cross sectional design with baseline and follow-up survey approach and complemented by qualitative approach

Results: The study revealed that all study participants were aware or heard about HIV and 58.4% had comprehensive knowledge on HIV. More than a quarter of study respondents had HIV related misconceptions.

The majority (79.2%) of the study respondents was sexually active in the past 12 months and average of only 21.1% was sexually active in the past 30 days. Amongst respondents who had regular partners only 1.3% had more than one partner.

Consistent condom use was reported 89.4% to 84.9% with commercial partners and non regular partners respectively.

VCT service uptake among the study participants was found to be 48.9% and the majority of tested individuals 63% indicated main source of information for VCT testing were peer leaders.

Comparison of follow-up study with baseline showed statistically significant changes in comprehensive knowledge on HIV, Consistent condom use with non regular sexual partners and

VCT service utilization among the AA taxi community members. Ever condom use and consistent condom use showed decline among commercial partners.

Conclusion: There were statistically significant changes in comprehensive knowledge on HIV/AIDS, consistent condom use during casual sex and utilization of VCT service and STI treatment as compared to the baseline, which was most likely attributed to the peer education intervention that the target group was exposed.

Recommendation: Ongoing peer education, with reinforcing activities and formal HIV peer education training attribute to increase VCT service utilization and increase condom use during casual sexual practices.

Campaigns in the form of mass distribution of free VCT testing coupons and facilitation of referrals are preferable methods to enhance VCT service uptake.

Studies with intervention and control group recommended to find out the change were directly attributed to the peer education program and decline in condom use with commercial partners has to be further explored by other studies .Other relevant program implementation modalities recommended.

1. Introduction

HIV/AIDS is the most serious worldwide public health problem of the current generation. Virtually, there are no areas that have not reported cases of infection. Although the infection rate is increasing in other regions, such as part of Asia and the Caribbean, the worst affected region is Sub-Saharan Africa. Ethiopia is one the sub-Saharan countries hardest hit by HIV/AIDS (1).

The first evidence of HIV infection in Ethiopia was found in 1984 and the first two AIDS cases reported in 1986, since then HIV epidemic had evolved into a generalized epidemic. The prevalence of HIV was low in 1980's, however, it dramatically increased and reached a plateau around the mid-1990 and stabilized afterwards (2).

The national adult prevalence rate of HIV in Ethiopia was estimated as 2.1 % in the year 2007. The prevalence seems low due to large population size, yet the absolute number of people infected with HIV was considerable (3).

The epidemic was a generalized one affecting all segments of the population, but some groups were considered vulnerable to HIV AIDS for different reasons. Transport workers were considered a vulnerable group for sexually transmitted infections including HIV/AIDS as they are highly mobile and have contact with many people(4).

The Addis Ababa taxi community being a subset of transport workers was considered as one of the highly vulnerable groups for HIV AIDS.

The Addis Ababa taxi community members was estimated to be 28,000 which comprised of taxi drivers, assistants and inspectors according to the report of AA transport authority as of 2003.

It was revealed that taxi community members almost all are men and have a daily income and availability of transport which attracted many females .The taxi Community members were also the major clients of commercial sex workers and as majority of them were young and 81.4%

were sexually active. Multiple sexual partners was practiced among 31.8% of the taxi community. Drug and alcohol consumption was widely practiced , 81.8% of taxi drivers and assistants chew chat regularly and 40% of them consumed alcohol daily which led to unexpected sexual encounters and unsafe sex practices(4) .They had limited knowledge, only 32.9% had comprehensive knowledge about HIV ,significant amount 62.6% had one or more misconception on HIV/AIDS (4).

The stigma level among the community members were also too high, which was expressed by high stigmatizing attitude towards their friends and families who live with HIV (5).

2. Statement of the problem

The Addis Ababa taxi community members being high risk for HIV had never been targeted by any HIV prevention intervention programs due to their deviated behaviour from the general community.

FHI and SYGE believed this group has to be targeted by special HIV prevention intervention to increase their knowledge on HIV and STI's, to reduce misconceptions, risky sexual behaviour, and utilize HIV related services.

The HIV peer leadership program targeting the AA taxi community groups had been implemented since 2004 and so far no studies were conducted to evaluate the effect of the Peer leadership program on the target group. Hence the rationale of study was to assess the impact of the peer education program in reducing High risk behaviours to HIV among the targeted community members.

3. Literature review

Peer education was considered to be cost effective intervention which reaches the grass root community level and an appropriate method to discuss sensitive issues related to sex, and sexuality and also time efficient intervention(6).

When peer education started in the world exactly is Unknown, western literature review indicates use of peer tutoring in the late 17 and early 18 century. Andrew Bell in 18-19 century in England used peer tutoring as children monitor for the teaching process. Peer education was later on rediscovered on well structured lines in US in 1960 with a goal to assist younger students in the classroom. In Ethiopia History of Peer Education takes us to similar approach peer tutoring of (Kine Bet) church schools for centuries (7).

According to available documented sources peer approach in Ethiopia in a modern way started in reproductive health related activities initiated by FGAE in late 1980's.Since then peer education was widely practiced especially among the youth .After the emergence of HIV infection peer approach became a magic bullet to raise the awareness level of youth and eventually bring behavior change and it was widely practiced by the local governments, NGO, etc (7).

A 2-year community-based peer education program aimed at increasing HIV/AIDS knowledge, attitudes toward condoms, and condom use behavior among taxicab and tricycle drivers in the Philippines was done. Pretest, posttest, and follow-up data were collected throughout the educational intervention Program. The results of the repeated measures analysis of variance (ANOVA) indicate a significant change on knowledge about HIV/AIDS from baseline to posttest and from posttest to follow-up ($F=449.27, P<.001$). There was also a significant change on attitudes about condom use from baseline to posttest and from posttest to follow-up ($F=425.19, P=0.001$), and a significant effect on condom use behavior with commercial sex

workers from baseline to posttest and follow-up (F=428.31, p=.001) through out the educational intervention program. The study showed the peer-mediated intervention was found to be an effective means of HIV/AIDS prevention among taxi and tricycle drivers in the Philippines (8).

Similarly a peer group HIV prevention intervention for community-based health promotion was developed for more than 300 urban employed women in Botswana. To control for self-selection, matched workplaces were assigned to the intervention group or to the delayed control group. Compared with women in the delayed control group, women in the intervention group had significantly higher post intervention levels of knowledge of HIV transmission, sexually transmitted diseases, HIV prevention behaviors; positive condom attitudes; personal safer sex behavior and positive attitudes toward persons living with HIV/AIDS. Peer groups are a low-cost and sustainable intervention that can change HIV prevention knowledge, attitudes, and behaviors for ordinary urban employed women in sub-Saharan Africa (9).

On the other hand evaluation of a South African workplace HIV/AIDS peer-education program running since 1997 was done which cross sectional measured HIV/AIDS knowledge, attitudes towards people living with HIV/AIDS, belief about self-risk of infection, and condom use as a practice indicator examined the impact of an HIV/AIDS results showed Training by peer educators had no significant impact on any outcome. Fifty-nine per cent of subjects had a good knowledge score, 62% had a positive attitude towards people with HIV/AIDS, 34% used condoms frequently, and the majority of participants (73%) believed they were at low risk of infection. Logistical regression showed that a very small proportion of the variance in the four outcomes was explained by potential determinants of interest (8% for knowledge, 6% for attitude, 7% for risk and 17% for condom use) .Based on this study it was concluded that the

HIV peer-education program was found to be ineffective and may have involved an opportunity cost even though the research didn't state any of the failure reasons (10).

Another study which evaluated the impact of a community-based HIV/AIDS peer leadership prevention program on newly enrolled peer leaders and youth enrolled as peer educators for one or more years (repeat peer leaders) on a quasi-experimental non randomized design with two intervention groups with an intervention consisted of a short course and ongoing group work with an adult advisor to plan and implement HIV/AIDS outreach activities for youth and assess measure HIV/AIDS knowledge, skills, self-efficacy , perception of one's self as a change agent in the community, and sexual risk-taking behaviors. Results indicated that Post-intervention, HIV/AIDS knowledge continued to increase significantly more among repeat peer leaders compared with those newly enrolled in the program (11).

The behavioral surveillance survey of Ethiopia indicated that HIV awareness of the general public and special target groups involved in the study was generally high; more than 90% of study respondents were found to be aware of HIV. This finding was also similar among transport workers (intercity bus drivers) which were 98% (12).

As to the knowledge of HIV prevention method the proportion of targeted groups involved in BSS round II transport workers, factory workers , long distance truck drivers who knew HIV prevention methods was more than average ranged from 57 to 85%. The highest record was among the uniformed service personnel which was 85 % (12).

Misconception level among transport workers and other special target groups of BSS round II revealed that misconceptions were still widely spread .The proportion of transport workers with had no misconception were found to be 20-30% .The misconception level among air force

personnel was one of the low among the other target groups and about 70% air force personnel didn't have any misconception (12).

Comprehensive knowledge was low on diverse group of study participants of BSS round II. It was pointed out that there was a significant decline of comprehensive knowledge on the among intercity bus drivers (31.1% Vs 23.2% and long distance truck drivers (42.8%Vs 29%) (12).

Demographic and health survey of 2005 among male 15-49 indicated that majority of study respondents 97% were aware about HIV. With regard to HIV prevention knowledge amongst men with the age group of 15-49, 80% believed that abstinence can protect from HIV, whereas 79% reported that limiting to one partner can protect from HIV and only 57% reported that condom can protect from HIV (13).

DHS 2005 also indicated that among 15-49 adults' men more than 40% of study subjects had still misconception on HIV based on the standard questions for misconception identification.

With regard to comprehensive knowledge to HIV AIDS, 16% of women and 30% of men had comprehensive knowledge on HIV and the proportion of respondents with comprehensive knowledge was higher in urban areas than rural. The level of knowledge was also directly related to the level of education among men the comprehensive knowledge level varies from 18% with no education to 57% with secondary and higher education (13).

Multiple sexual partnerships with respondents having regular partners were 4% in men age 15-49.

It was also indicated that VCT service utilization of men age of 15-49 was low in all regions including Addis Ababa. The maximum uptake rate recorded for VCT in the past 12 months was 11% and the uptake among youth of age 15-24 VCT uptake was also found to be low only a quarter had the test (13).

4. Background on the taxi HIV prevention program

HIV prevention program targeting the taxi community members of Addis Ababa started in 2004 to be implemented by Save Your Generation Ethiopia in partnership with FHI/Ethiopia and AA HAPCO with overall objective of contributing to the reduction of HIV/AIDS transmission among the taxi community.

The peer approach was selected as the best strategy to reach members of the targeted community since the finding of the formative assessment indicated that the target population had strong social networks which were led by peers.

The peer leadership program with its four cascaded strategy (core trainers, peer leader trainers, peer leaders and peer beneficiaries enabled to train 44 core trainers, 117 peer leader trainers and 1181 peer leaders to directly address 12,000 of the taxi community members in 44 selected taxi stations through ongoing peer discussion. One peer leader was expected to address 10-12 peer beneficiaries with HIV/AIDS issues through a minimum of one time discussion per week. The issues for discussion included basics of HIV modes of transmission, methods of prevention, sexually transmitted infections and symptoms, drug, alcohol and its effect on HIV, condom use, negotiating for safer sex practices and were generated from the reinforcing activities.

The reinforcing activities included publication of monthly newsletter “Seychento” which addresses different social and HIV related issues; publication and dissemination of different posters, leaflets which addresses HIV related different issues; forum dramas at large taxi station where most taxi community members gathers and organized regularly on monthly bases and addressed issues related to HIV risk behaviors and live discussion with the audience.

SYGE outreach staff followed the activities, conducted supportive supervision on weekly bases, monthly meeting with core trainers, peer leaders and stakeholders and collected report from Core trainers regularly.

Program reviews were conducted to see the program implementation and program improvement modalities.

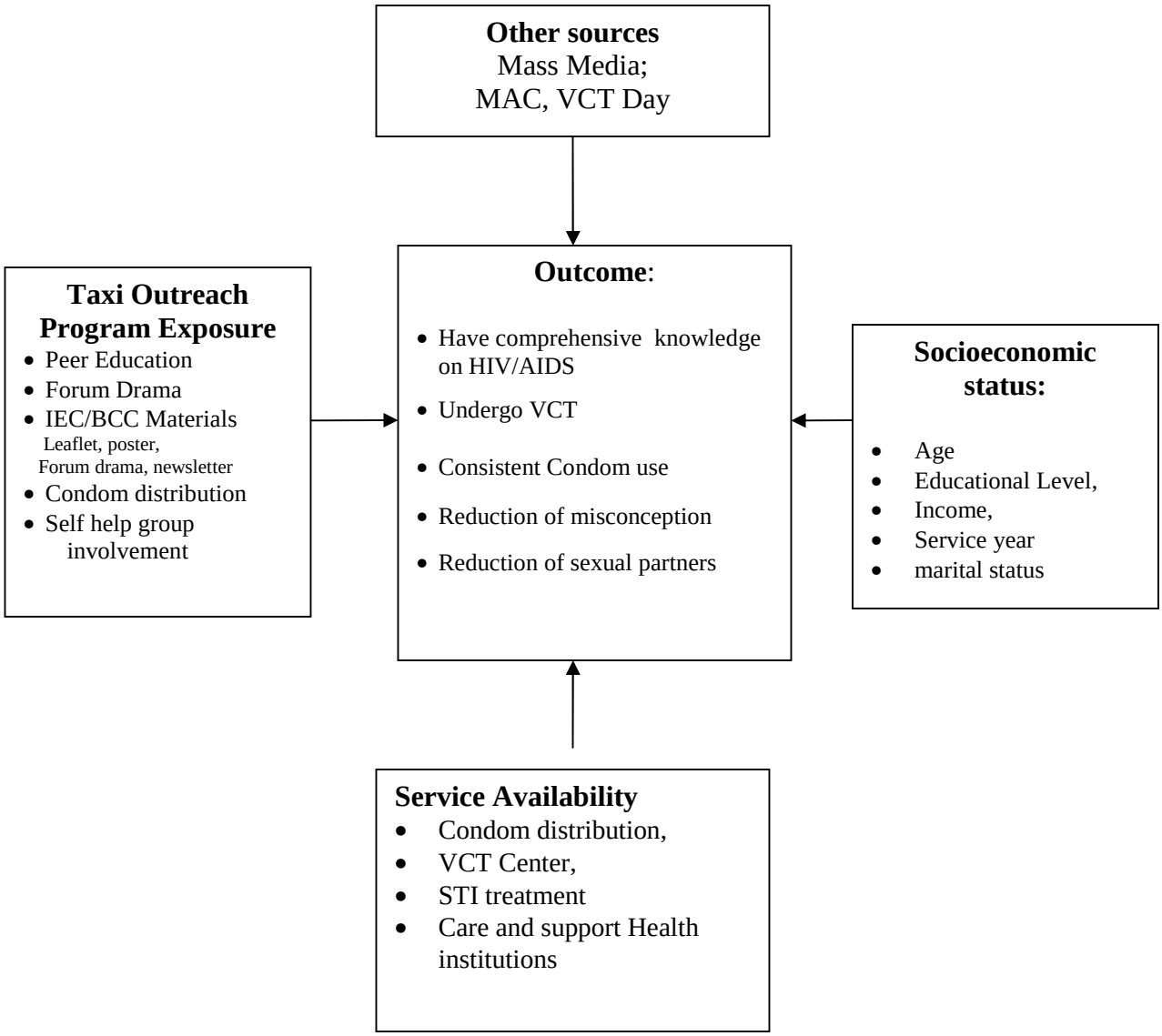


Figure 1: Addis Ababa Taxi community HIV prevention program Conceptual framework

6. General Objectives

- To assess the impact of peer education program in reducing high risk behaviors to HIV among AA taxi community members.

6.1 Specific objectives

- To evaluate the change in knowledge regarding HIV transmission and prevention on HIV / STI
- To assess the change in sexual behavior s and practices
- To measure the change in use of HIV /AIDS services

7. Methodology

7.1 Quantitative part

7.1.1 Study design

The study was a cross-sectional design with baseline and follow-up survey approach and complemented qualitative approach.

7.1.2 Study area-

The study was carried out in Addis Ababa, capital of FDRE a home for 2.6 million people with around 21,000 taxis registered to date for transportation (14).

7.1.3 Source and Study population.

The source population was approximately 28,000 Addis Ababa taxi community groups in 75 taxi stations out of which approximately 12,000 in 44 taxi stations have been targeted by HIV prevention peer education program. The study population comprises of taxi drivers, assistants and inspectors.

7.1.4 Sample Size

The sample size was calculated using comparative study formula with the following equation

$$N=D\ \frac{[.\ Z_{1-\alpha}\sqrt{2\ P(1-P)}+Z_{1-\beta}\sqrt{P_1\ (1-\ P_1\ )+P2\ (1-\ P_2\ )}]^2}{(P_2-P_1)^2}$$

Where;

N- Sample size

D- Design effect (1 for simple random sampling)

P_1- estimated proportion at the baseline

P_2-The target population at some date (P_2- P_1) is the magnitude of change we want to be able to detect

$P= (P_1 + P_2)/2$

Z (1- α) – is the Z score corresponding to the desired level of significance with 95% confidence (1.645)

Z (1-β) - is the Z score corresponding to the desired level of Power 90% -1.282 one side

Objectives	α 0.05	β 0.1	P_1	P_2	D	N
Objective 1 • knowledge on HIV prevention	1.645	1.28	72%	85%	1	167
Objective 2 • Multiple Sexual Partnership	1.645	1.28	31.8%	16.8%	1	143
Objective 2 • Consistent condom use with Non Regular Sexual Partners	1.645	1.28	51%	61%	1	419

$P_{1=}$ Baseline N= Sample Size

$P_{2=}$ Assumption after intervention D=design effect

The sample size was calculated for each of the three objectives and maximum sample size was taken.

Using the above formula the maximum sample size was calculated = 419**.**

As the taxi community groups are highly mobile and difficult to get them we assume non response rate of 25%- 105

Total Sample size = 525

7.1.5 Sampling technique

7.1.5.1 Sampling unit - all targeted SYGE Taxi community members in 44 selected stations listed in SYGE Social group identification list.

7.1.5.2 Study unit – individual taxi community members targeted by the program

7.1.5.3 Sampling procedure - Simple random sampling using a table of random numbers

7.1.5.4 Sampling Frame –list of all members of taxi community using SYGE social group members list as a frame.

7.1.5.5 Inclusion criteria – only taxi community members targeted by the HIV prevention intervention.

7.1.6 Data collection Method

The Data was collected using the BSS adopted structured core questionnaire prepared in Amharic language.

We used 15 experienced interviewers with minimum diploma level in social science and health science and 4 supervisors with bachelor degree in social and health science.

The data collectors and supervisors received intensive 2 days training on the tools developed for the study by the principal investigator.

The data was collected using the pre prepared tools by conducting individual interview by trained data collectors from May 4-9, 2009.

The data collectors were supervised by experienced supervisors and the overall data collection process was led and supervised by the principal investigator.

7.1.7 Data quality

The data was checked for missing, inconsistencies and unlikely responses by the supervisors during the data collection period, pre data entry office edit of the questionnaire was conducted and data cleaning was done by the principal investigator.

7.1.8 Study variables

Dependent variables

- Utilization of HIV related services/VCT service/
- Consistent condom use with commercial and non regular partners
- Comprehensive Knowledge on HIV/AIDS

Independent variables

- Socio-demographic variables
    - Age
    - Marital status
    - Education
    - Service year
    - Income level
- Exposure to intervention
    - Peer group education
    - IEC/BCC access
    - Free condom provision
    - Referral and linkages

7.1.9 Data Analysis procedure

- The data was entered in to Access and exported to SPSS version 16 for data analysis.
- Descriptive and Analytic studies were conducted.
- OR with 95% confidence interval used to measure degree of association. P< 0.05 was regarded as statistically significant
- Logistic regression was used to find association by controlling confounding.
- EPI-6 version 6 was used to determine Chi- square and P-value to compare two proportions and analyze the change in impact on knowledge, practice and behaviors. Baseline values compared against follow-up study.

7.2 Qualitative Section

7.2.1 Purpose and Objectives

The major purpose of the qualitative section of the survey was to explain taxi community self risk perceptions, misconceptions, attitudes, risk behaviors and knowledge about HIV/AIDS.

The objectives were:

- To explore gaps identified and find out explanation for some of the results obtained from the quantitative survey;
- To triangulate the main findings of the quantitative survey;
- To find out possible effective methods of program implementation
- Identify main challenges in the program implementation.

7.2.2 Methods and Target Groups

Focus group discussions and in depth interviews were the main qualitative methods used. The target groups were AA taxi community group's taxi drivers, assistants and inspectors.

7.2.3 Questions for Qualitative Study

The questions used as topic guides for the qualitative study were derived from three groups of themes indicating knowledge, sexual behavior and service utilization which was observed as a result of exposure to intervention which focused more on the outcomes /impact of the specific intervention .

7.2.4 Tools and Procedures for Data Collection

Detailed guide adopted from BSS and other qualitative peer education studies to fit to the specific program. The qualitative studies FGD, IDI were conducted by the principal investigator with the assistance of qualified note taker.

Selection of participants was purposive, considering their involvement in the program core trainers, peer leader trainers, peer leader and peer beneficiary.

Selection of the individuals for the interview was facilitated by the SYGE outreach team.

Six to ten participants took part in each FGD. One FGD was conducted for core trainers group, one for peer leader's trainers group and two for peer leaders and peer beneficiaries group. A total of 50 participants attended FGD and in depth interviews.

The discussions and in-depth interviews were tape recorded after obtaining consent from the participants. All FGDs were transcribed into English for the write up.

7.2.5 Analysis and Write up

Tapes transcriptions, FGD report notes, observations and summary notes and personal contacts were sources for the write-up. All the documents were analyzed thematically by the principal investigator.

8. Ethical consideration

This study doesn't involve any experiment of human subject .Ethical clearance was obtained from ACIPH/UoG ethical clearance committee before enrolling any of the eligible study participants.

The purpose and benefits of the study was discussed with each Addis Ababa Taxi community study participant.

Informed consent from each study respondent was obtained first .To this end the right of the respondent to refuse to answer for few or all questions was fully respected.

The interview was conducted in a way that did not violate their privacy and confidentiality information. The names and addresses of interviewees were not recorded on the questionnaires.

9. Dissemination and utilization of results

This study is an important evaluation of SYGE taxi community peer education program that was running for the last five years. And the findings of the study will be important to see the effectiveness of the program and look for better alternatives for the expansion of similar program to other taxi stations which have not been targeted by HIV intervention programs.

Hence the findings of the study will be disseminated to all stakeholders involved in a program which includes SYGE, FHI, AA HAPCO,AA transport authority, A taxi owners association ,AA taxi inspectors association and selected beneficiaries of the program.

SYGE and FHI will use the findings to look into their program for further scale up, modification in program implementation and redesign.

10. Operational Definitions

Consistent condom use

Use condom every time sexual intercourse taking place

Commercial partner

Sexual partners who had received money in exchange for sex

Comprehensive knowledge on HIV

Respondents considered to have comprehensive knowledge if they correctly identify /knowledgeable about the three HIV prevention method and have no misconception on HIV transmission and prevention listed on the misconception

Impact

Even though the overall goal of the project was contribute to the reduction of HIV incidence among the taxi community groups which can be considered as impact, in the context of this study impact was considered as outcome of the program based on the objectives set by the project mainly focusing on behavior change components ,knowledge and action.

Knowledge on HIV prevention –

Respondents considered to be knowledgeable about the HIV prevention method if they correctly identified the three major areas of HIV prevention i.e. Abstinence, faithfulness and consistent condom use

Misconceptions

Respondents considered having misconceptions about HIV/AIDS transmission and prevention if they agreed to any of the following three statements healthy looking person can not transmit HIV, eating raw egg laid by a chicken that swallowed used condom can transmit HIV, Drinking local hard drinks and eating pepper can protect from HIV.

Multiple sexual partners

More than one sexual partner

Non regular sexual partner

Sexual partners who had been together with the respondent for less than 12 months, were not married, never lived together and not received payment for sex.

Regular sexual partner

Sexual partners who had been together for more than 12 months, were married or lived together with the respondent as sexual partner

Stigmatizing attitude

Person who have negative attitude towards people living with HIV(PLHIV) and respondents considered to have stigmatizing attitude if they have respond negatively to the statements Need to keep HIV result secret, Care for HIV infected relatives believe that HIV infected taxi community members continue working and Share meal with HIV + person.

11. Results

11.1 Quantitative study

A total of 525 taxi community members were interviewed and response was obtained from only 507 with a response rate of 96.5%. Some of the non response reasons were traveling away from the area during the study period, sickness and in some instances death of the selected members.

11.1.1. Socio-demographic characteristics

The median age of the study involved participants was found to be 26 years.

Majority of the taxi community members under the study were orthodox Christian (412)81.6% while the second populated religion was Muslim(80)15.8%, protestant and other constitute less than(14) 3% of the study group.

More than two thirds of the taxi community members involved in the study were single while about one third were married and insignificant proportion of study subjects were divorced.

By occupation almost half of the study respondents were assistants and the rest 50% constituted the drivers and inspectors group.

The assessment of educational status involved in the survey showed that insignificant amount were illiterate and know reading and write where as great majority (480)94% attended primary and secondary education ,and only few (26)5.1% gone beyond to higher education.

The service year of respondents ranged from 1 year to 23 years .Almost half of study respondents were in the taxi service in the category of 1-5 years. The median age of service in the taxi community was about 5 years.

The income of the target group ranged between 100 and 2000 Birr per month. The mean income level was 600 ETB.

Table 1 The socio-demographic characteristics of Addis Ababa Taxi community members involved in the interview (n=507), May 2009

Socio-demographic characters tics	n	%
Age in years (n=506)		
16-25	239	47.2
26-35	237	46.8
36-45	28	5.5
46-55	2	0.4
Median Age =26yrs		
Sex (n=507)		
Male	507	100
Religion(n=506)		
Orthodox	412	81.3
Protestant	14	2.8
Muslim	80	15.8
Educational Status (n=506)		
Primary	185	36.6
Secondary	295	58.3
Higher	26	5.1
Marital Status (n=505)		
Married	120	23.7
Single	373	73.9
Divorced	12	2.4
Occupation (n=506)		
Inspector	101	20
Assistant	242	47.8
Driver	163	32.2
Service year (n=507)		
1-5	257	50.7
6-10	194	38.3
11-15	39	7.7
16-20	17	3.4
Income (n=502)		
0- 500	246	49
501-1000	206	41
1001-1500	46	9.2
1501-2000	4	0.8

11.1.2. Sexual behavior with number and type of partners

Majority of the taxi community members involved in the study were sexually active (462)91.5%. With regard to their sexual history in the past 12 months the study revealed that (376) 79.2% were sexually active.

Out of the sexually active taxi community members who had regular sexual partners multiple sexual partnerships was a rare phenomenon only (5)1.3% had sexual partners more than one. Similarly out of the sexually active respondents nearly one sixth of them had commercial partner whereas one third of them had non regular partner.

Table 2.Sexual history profile of AA Taxi community members, May 2009

Sexual Profile	n	%
Ever had sexual intercourse(n=505)		
Yes	462	91.5
No	43	8.5
Sexually Active in the past 12 months(n=473)		
Yes	375	79.3
No	98	20.7
No. of regular partners in the past 12 months(n=375)		
0	99	26.4
1	271	72.3
>=2	5	1.3
No. of Commercial partners in the past 12 months (n=375)		
0	312	83.2
>= 1	63	16.8
No. of Non regular partners in the past 12 months(n=375)		
0	255	68.0
>= 1	110	32

11.1.3. Behavior in relation with condom use

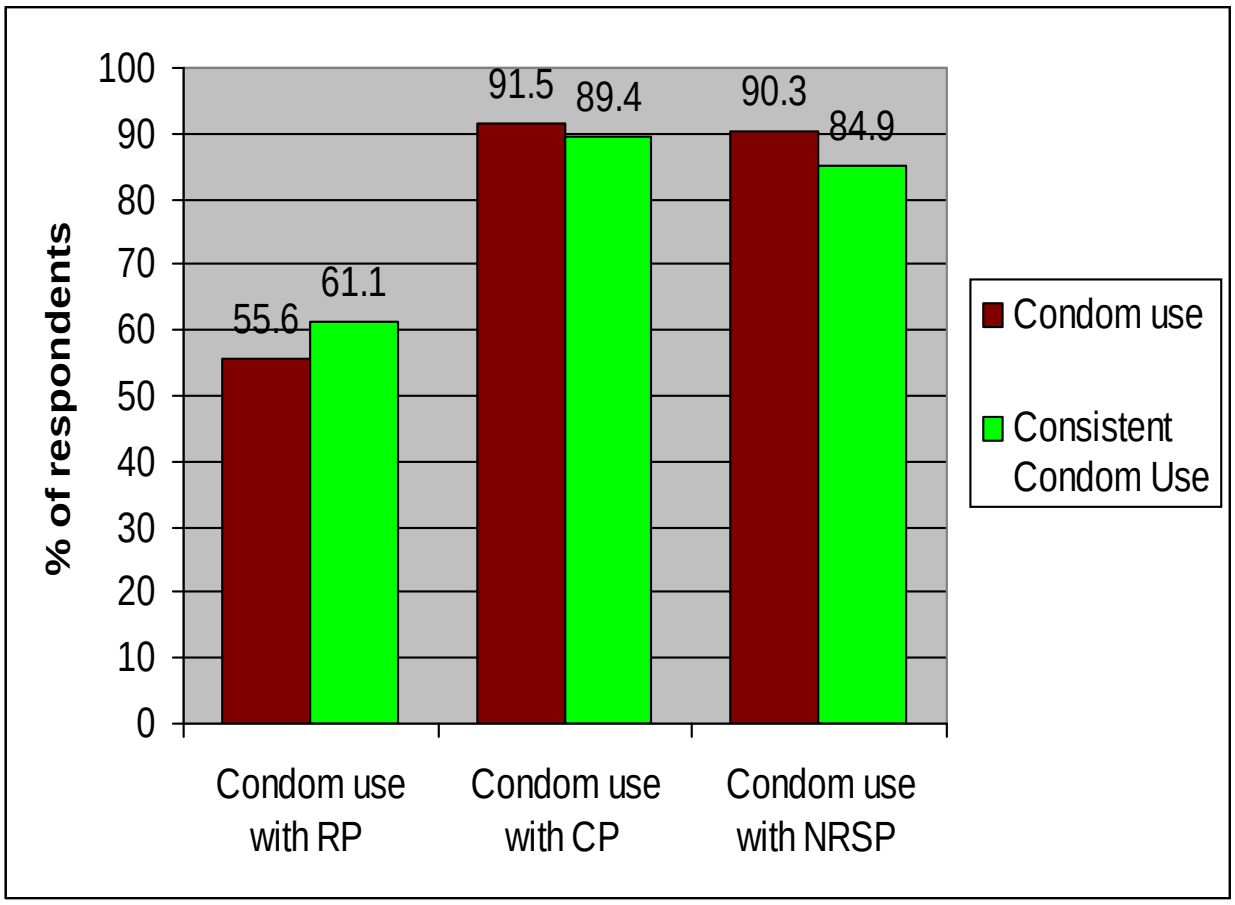
Condom use during the last sex was highly practiced with commercial sexual partners (43)91.5% followed by non regular partner (93)90.3%.

Consistent condom use was also highly practiced among commercial partner nearly (42)90% followed by (79)85% among non regular sexual partners. Condom use pattern with

commercial partner showed high level of consistency almost with all sexual acts condoms were practiced every time or almost every time.

Condom use with regular partner at last sex was as low as (153)55% and a quarter of taxi community members never used condom with their regular partner and the most common reason for not using condom with their regular partner was found to be trust of their partner.

Figure 2: Condom use and its pattern with regular, commercial and non regular partners AA Taxi community members, May 2009



11.1.4. Knowledge on HIV

Almost all (507)100% of taxi community members were aware/ heard about HIV/AIDS. The great majority of respondents (449) 88.9 % knew someone who have HIV or died of HIV and (334) 66.3% had a close friend or relative who died of HIV.

Amongst the Taxi community members involved in the study (503)83.4% had knowledge on the three programmatically important methods of HIV prevention.

Nearly equal proportion of respondents (479) 95.2% and (476) 94.4 % knew that HIV can be prevented through correct and consistent condom use and faithful partnership respectively.

Abstinence as HIV prevention method scored lower of the other two methods (450) 89.1%.

11.1.5. Misconceptions on HIV

Misconceptions were still widespread among the taxi community respondents. Nearly one third of respondents (148)28.8% had misconceptions on HIV transmission and prevention methods.

The commonest misconceptions highly widespread were HIV transmission through mosquito bites (104)22% and raw egg laid by a hen that swallowed used condom can transmit HIV 124(24.9%).

The study revealed that (361) 71.2 % of the taxi community members had no misconceptions on HIV whereas 136(26%) had at least one misconception on HIV.

Even though there were several misconceptions commonly circulating in the target group for the purpose of this study we took the standard of Behavioral surveillance survey three common misconception one is a standard and two local misconceptions.

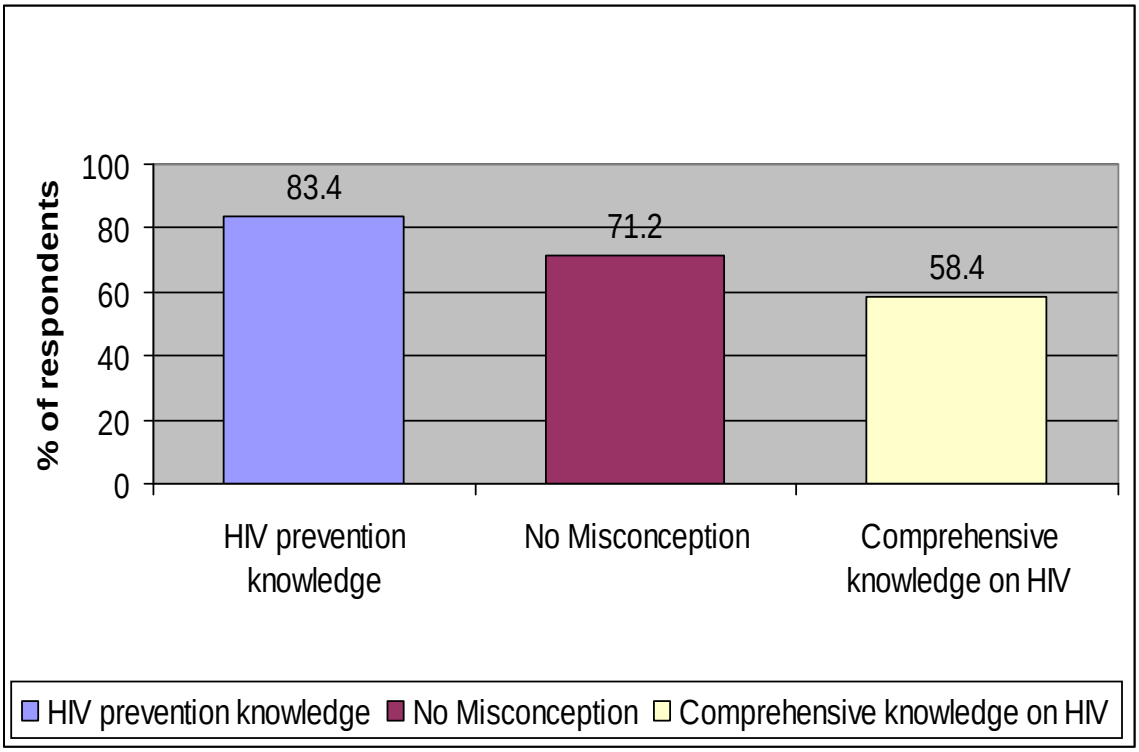
Table 3. Misconceptions on HIV of AA Taxi community members, May 2009

Misconceptions	n	%
Healthy looking person can be HIV infected (n=497)		
Yes	486	97.8
No	11	2.2
HIV can be prevented by eating spicy foods &drinking alcohol (n=498)		
Yes	13	2.6
No	485	97.4
HIV can be transmitted thru raw egg laid by chicken who swallowed used condom(n=498)		
Yes	124	24.9
No	374	75.1

11.1.6 Comprehensive knowledge on HIV

The proportion of taxi community members who had Comprehensive knowledge on HIV was found out to be (296)58.4%. The indicator of comprehensive knowledge took into account the three programmatically important HIV prevention methods and the level of misconceptions to three questions one standard and two locally existing misconceptions.

Figure 3: Knowledge on HIV prevention of AA Taxi community members, May 2009



11.1.7 Stigma and discrimination.

The proportion of taxi community respondents with stigmatizing attitude ranged from 4.9% to 0.6% .Great majority (479)94.5% of the taxi community had no stigmatizing attitude towards people living with HIV. Amongst study participants (25)4.9% still had one stigmatizing attitude towards people living with HIV.

Table 4.Stigmatizing attitude towards PLWHA of AA Taxi community members, May 2009

Stigmatizing Attitude	n	%
Need to keep HIV result secret (n=505)		
Yes	121	24
No	364	76
Care for HIV infected relatives (n=500)		
Yes	498	99.6
No	2	0.4
HIV infected taxi community members continue working(n=499)		
Yes	476	95.4
No	23	4.6
Share meal with HIV + person (n=505)		
Yes	499	98.8
No	6	1.2

11.1.8 Alcohol and drug use

Amongst the study respondents more than two third reported that they ever consumed alcohol and chat. Even though the pattern of alcohol consumption in the last 30 days prior to the study were different (346)68.2% reported had and alcoholic drink in the last 30 days and (65)12.9% of respondents consumed alcohol on daily basis.

The most common drug consumed among the respondents was found to be chat. More than two third of the respondents reported that they consumed chat in the last 30 days and about one third of the respondents consume chat on daily basis.

11.1.9. Service utilization

Service utilization according to this study mostly focused on HIV testing service utilization. Almost half of the study participants utilized VCT service (245)48.9% in the past one year prior to the study. Amongst those who received the service (101) 41.2% were taxi assistants followed by (82) 33.5% taxi drivers.

About the sources of information on the service availability and the whereabouts of the VCT service respondents pointed out that majority (159)63.1% got information from peer leaders, (81)32,3% from friends, (97)38.3% from mass media and (53)21.4% from other sources.

The reason for not using the service as pointed out by non users the great majority (127) 50.4% felt that they were not at risk, only (40)16% afraid to be tested and the rest 38% stated different reasons.

The other service we took into consideration for this study was sexually transmitted infection treatment service utilization. Amongst the respondents (15)3% had STI in the past 12 months and (13)86.7% took immediate measure when they noticed the symptoms. The first measure taken when they noticed the symptom of STI (12)92.3% was taking advice and medication from private and government hospitals and only one person took advice and medicine from local healer. The great majority of them 92.3% completed the drugs prescribed as per the instruction.

11.1.10 Exposure to interventions

Out of the targeted taxi community members who were assumed to be in the taxi peer leadership program (23)4.6% never heard about the program .Almost half (200)40.8% of study participants didn’t remember the logo of the AA taxi peer leadership program.

Majority of the respondents (406)82.5% participated in the peer group discussions organized by peer leaders in their area.

With regard to IEC/BCC material supply and access majority of the taxi community members (482) 95.6% received newsletter “seychento” ,(431)85.5% have received different leaflets on issues related to HIV , (428) 84.9% received targeted message with poster .

As part of the peer discussion reinforcing activity (341)67.8% participated or watched street drama shows organized by Save Your Generation Ethiopia drama group.

Through the peer educators (370)73.4% received free condom delivered by the project and (275)55% received advice and referral to VCT service in the past 12 months.

More than half of the respondents (261)52.9% were involved in self help group initiatives organized by dedicated taxi community members.

Table 5. Exposure to HIV prevention intervention of AA taxi community members, May 2009

Exposure to HIV prevention intervention by the project	n	%
Peer group discussion involvement (n=492)		
Yes	406	82.5
No	86	17.5
Received “Seychento” Newsletter /IEC/(n=504)		
Yes	482	95.6
No	22	4.4
Received leaflet on different HIV issues/IEC/ (n=504)		
Yes	431	85.5
No	73	14.5
Received Posters with messages on HIV Issues/IEC/(n=505)		
Yes	499	98.8
No	6	1.2
Involved /watched targeted forum /street Dramas/IEC/(n=503)		
yes	341	67.8
No	162	32.2
Received free condom from the project(n=502)		
Yes	370	73.7
No	132	26.3

Table 6 . Association of Socio-demographic characteristics with outcomes variables of the AA taxi community members, May 2009

Socio demographic Characteristic	Comprehensive Knowledge on HIV		HIV testing.		Consistent condom use with NRSP	
	Crude OR 95% C.I	Adjusted OR 95% C.I	crude OR 95% C.I	Adjusted OR 95% C.I	crude OR 95% C.I	Adjusted OR 95% C.I
Age						
<=26yrs	**1.53 (1.06,2.21)***	1.3(0.90,2.15)	**1.69 (1.18,2.42)***	0.81(0.53,1.24)	0.99 (0.30,3.24)	1.18(0.28,4.98)
>26yrs	**1**	1	1	1	1	1
Education						
Primary	**2.38 (1.64,3.46)***	**2.4(1.61,3.59)**	**1.56 (1.09,2.26)***	0.69(0.46,1.02)	1.37 (0.43,4.33)	1.22(0.32,4.65)
Secondary	1	1	1	1	1	1
Service year						
<=5 yrs	0.95 (0.67,1.36)	0.82(0.55,1.21)	1.28 (0.90,1.82)	1.01(0.68,1.49)	0.79(0.25,2.48)	0.49(0.12,2.02)
> 5 yrs	1	1	1	1	1	1
Income						
<=600 Birr	0.99 (0.68,1.43)	0.89(0.59,1.30)	0.79 (0.55,1.15)	1.27(0.86,1.87)	1.36 (0.42,4.43)	1.20(0.35,4.15)
> 600 Birr	1	1	1	1	1	1
Marital status						
Married	0.67 (0.43,1.03)	0.72(0.44,1.17)	**0.40 (0.26,0.62)***	**2.21(1.37,3.57) ****	0.78 (0.09,6.88)	0.48(0.04,5.83)
Single	1	1	1	**1**	1	1

- ***COR showing significant association to dependent variables**
- ****AOR showing significant association to dependent variables**

For the purpose of dichotomization of variables median age, median service year and mean income level were used as cutoff points. Bivariate analysis showed that socio-demographic characteristics, exposure to BCC intervention variables against the dependent ones; comprehensive knowledge on HIV, service utilization mainly of VCT service and Consistent condom use during casual sex.

The result of analysis showed that age COR=1.53(1.06, 2.21) and level of education COR=2.38(1.64, 3.46) have association with Comprehensive knowledge on HIV. Similarly age COR=1.69(1.18, 2.42), educational status COR=1.56(1.09, 2.26) and marital status COR=0.40(1.37, 3.57) also found to have association with HIV testing. (Table 6)

On the other hand none of the socio-demographic characteristics seemed to have association with Consistent condom use with non regular partners (Table 6).

Further analysis for all exposures to HIV prevention program by the AA taxi program peer group discussion ,IEC/BCC material distribution ,formal training on HIV,VCT referral by peer leader free condom distribution showed association with the program of HIV testing service utilization which was also statistically significant (Table 6) .

All exposure to the BCC program intervention had positive influence on VCT uptake among the target community. IEC /BCC interventions COR 1.82 (1.27, 2.61), self help group involvement COR= 2.07 (1.45, 2.97) and formal training on HIV COR=2.04(1.42, 2.95) . The association was stronger with VCT referral by PL COR= 3.30(2.27, 4.79) and Peer group discussion COR=2.14(1.30, 3.50) (Table 6).

On the other hand none of the exposure to intervention program had association with the outcome of increasing comprehensive knowledge on HIV, whereas only formal training on HIV had association with increasing consistent condom use with Non regular/casual sexual partners COR=4.31(1.10,16.9)).The association seem to be very strong.(Table 6)

Logistic regression showed the association that was found for age category for the comprehensive knowledge on HIV didn't keep its association when adjusted AOR=1.3(0.90, 2.15) (Table 6).

The association of socio-demographic characteristics with HIV testing as an out come also didn't maintain its association for age category <26yrs and education status of primary education, whereas marital status of being married maintained its association with HIV testing AOR 2.21(1.37.3.57).

Association of exposure to intervention to the program outcome obtained in bivariate analysis specifically for HIV testing didn't maintain its association for exposure to the program except VCT referral by peer leader AOR=2.72(1.83, 4.03)(Table 7).

On the other hand association of exposure to intervention to consistent condom use with non regular partner maintained its association for those who received formal training on HIV AOR=9.33(1.75, 49.8) (Table 7).

Table 7 Association of exposure to HIV prevention interventions of the AA taxi HIV prevention program outcomes, May 2009

Characteristics	**Comprehensive knowledge on HIV**		**HIV testing**		**Consistent condom use with NRSP**	
	Crude OR 95% CI	Adjusted OR 95% CI	crude OR 95% CI	Adjusted OR 95% CI	Crude OR 95% CI	Adjusted OR 95% CI
Peer group discussion						
No	1	1	1	1	1	1
yes	1.56(0.97,2.49)	1.27(0.75,2.14)	**2.14(1.30,3.50)***	1.26(0.72,2.23)	0.35(0.04,2.93)	0.27(0.03,2.73)
IEC BCC service						
No	1	1	1	1	1	1
yes	1.09(0.76,1.57)	0.97(0.65,1.44)	**1.82(1.27,2.61)***	1.37(0.91,2.05)	1.11(0.36,3.46)	0.89(0.19,4.00)
Formal Training on HIV						
No	1	1	1	1	1	1
yes	1.32(0.91,1.89)	1.23(0.83,1.84)	**2.04(1.42,2.95)***	1.50(0.99,2.27)	**4.31(1.10,16.9)**	**9.33(1.75,49.8)**
Self help group Involvement						
No	1	1	1	1	1	1
yes	1.3(0.93,1.93)	1.24(0.84,1.82)	**2.07(1.45,2.97)***	1.44(0.97,2.14)	0.81(0.26,2.54)	0.73(0.18,2.89)
Free condom provision						
No	1	1	1	1	1	1
yes	1.15(0.76,1.72)	1.03(0.66,1.42)	**2.18(1.44,3.29)***	1.48(0.92,2.38)	0.46(0.09,2.25)	0.18(0.02,1.72)
VCT referral						
No	1	1	1	1	1	1
yes	1.05(0.73,1.50)	0.97(0.66,1.42)	**3.30(2.27,4.79)***	**2.72(1.83,4.03)** **	1.40(0.45,4.42)	1.24(0.31,4.97)

***COR showing significant association to program outcomes**

****AOR showing significant association to program outcomes**

11.1.11. Impact of HIV prevention program on the program outcomes

The Taxi HIV prevention program objectives focused on increasing knowledge on HIV/ AIDS, increasing the VCT service utilization and the practice of safer sexual practices among the targeted taxi community members.

The change observed in increasing the comprehensive knowledge on HIV (P<0.005) of the taxi community groups showed significant change (P<0.005) as compared to the baseline. As part of comprehensive knowledge, HIV prevention method knowledge showed significant change and the level of misconception also declined significantly (P<0.005). With regard to the sexual behavior and condom use with sexual partners the proportion of respondents having multiple sexual partners had decreased, but the proportion of respondents who ever used condom and used consistently with commercial partners had declined. On the other hand the proportion of condom ever users and consistent condom users during casual sex increased significantly. The proportion of respondents using the VCT service had also increased substantially (P<0.005).

Generally, the changes observed in the major program outcomes areas showed significant change as compared to the baseline.

FIG. 4 AA Taxi Community Comaprision of Baseline with Followup

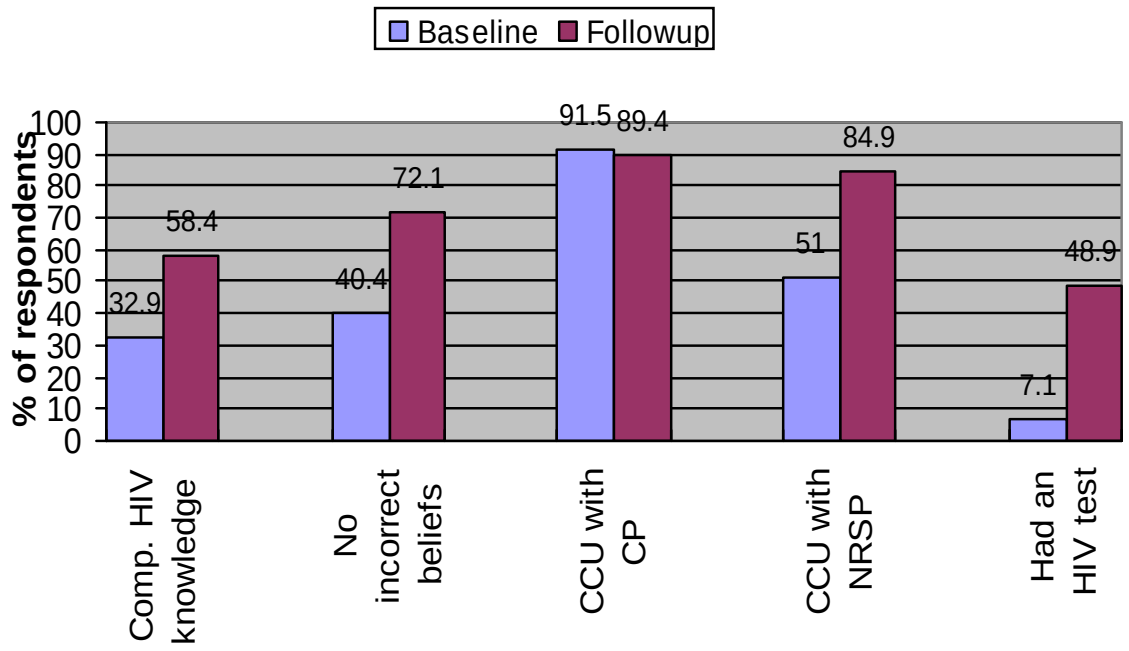


Table 8 . Comparison of the baseline and follow up study to evaluate the impact of Peer education on AA taxi community groups, May 2009

variables	Baseline N=510	Follow-up N=507	Chi square	P Value
Knowledge on HIV				
Ever heard of HIV AIDS	99.2%(506)	100% (507)	2.26	0.13
Knowledge of the three HIV prevention methods(ABC)	72% (504)	83.3% (505)	18.73	<0.05
Comprehensive knowledge about HIV/AIDS	32.9%(504)	58.4% (498)	65.6	<0.05
Misconceptions				
No incorrect beliefs about HIV/AIDS	40.4%(504)	72.1% (507)	103.4	<0.05
Healthy looking Person can spread HIV(yes)	80.6%(504)	97.8% (505)	78.1	<0.05
Eating uncooked egg laid by a chicken that has swallowed used condom can spread HIV(NO)	35.4%(504)	75.1% (498)	160.2	<0.05
Drinking hard liquor and eating hot pepper can protect HIV(NO)	89.4%(504)	97.4% (498)	26.2	<0.05
Sexual History and behavior				
Condom use with last sex with CP	98.8% (81)	91.5% (47)	2.48	**0.11***
Consistent Condom use with CP	91.5% (82)	89.4% (47)	0.01	**0.93***
Condom use with last sex with NRSP	74% (88)	91.5% (103)	10.03	<0.05
Consistent Condom use with NRSP	51% (88)	84.9% (93)	23.96	<0.05
Stigma and discrimination				
At least one stigmatizing attitude towards PLWHA	61.7%(506)	4.9% (507)	367	<0.05
Willingness to care for male/female relatives who were HIV positive(NO)	4.2% (506)	0.4% (500)	15.8	<0.05
Willingness to share meal with HIV + person(No)	20.9%(506)	1.2% (505)	110.8	<0.05
An HIV infected coworker should be allowed to continue working (NO)	19.4%(506)	4.6% (499)	51.7	<0.05
Service utilization				
Claimed to Ever had an HIV test	7.1% (504)	48.9% (501)	2175	<0.05

*** showing P values >0 .05 statistically not significant**

11.2. Qualitative study result

The qualitative study was carried out in this survey to supplement the data gained in the quantitative study and to help triangulating the findings whether the program brought a change in the target group.

A total of 6 focus group discussions and 3 IDI were conducted. The FGD involved different groups of the program targeted individuals core trainers, peer leaders and peer beneficiaries in AA taxi community of 44 taxi stations targeted by the program. Sampling was purposive.

The researcher used a checklist that was developed to extract relevant information related to the program outcomes, challenges and recommendations to improve the program.

11.2.1. Effect of the program on targeted community

Almost all FGD participants stressed that the program brought a lot of change in increasing their awareness on HIV, increasing their knowledge on HIV transmission ways , HIV prevention methods ,knowledge on symptoms of STI, developing different skills like negotiating skills ,condom use and the like. Apart from increasing knowledge and skills most of them pointed out that the program helped them to change their life styles to reduce alcohol and drug (chat) consumption, to get tested and know their status, limit to one partner and use condom consistently with their partners. The program also helped them to experience different schemes of life by involving into saving practices which changed their life styles differently.

The change in lifestyles was mostly observed in core trainers and peer leaders trainers who received formal trainings by experienced trainers. As you go down to peer leaders and peer beneficiaries the change was not that much significant.

11.2.2 Effect of the program on Knowledge and reducing misconceptions

Most confirmed that they had adequate knowledge regarding HIV basics including the ways of its transmission and preventions. One said" I know the HIV prevention methods like my fingers" Most agreed that the effective method for the targeted community for HIV prevention was condom and in most peer groups the issue of condom was highly liked by all and most discussions focused on condom use.

The misconception level varied with the different groups Core trainers didn't seem to have misconceptions on the most common misconceptions. The diversity of misconception was wide enough and not few had misconceptions. Misconceptions about condoms were really insignificant and non existent. Core trainer

11.2.3 Effect of program on risk behaviors

Most FGD participants mentioned the taxi working environment was tedious and boring .The environment forced us to chew chat, for alertness and get into the mood of the other members. There were no entertainment facilities around taxi stations, we had no where to go during the lining up in between the peak working time. Most girl's hunted for taxi drivers for money and transportation along with that we also have desire to have sex. All these factors led us to sexual practices which may be unsafe. But our role models always discuss these issues, support us to have safer sexual practices, protect us from bad girls.

11.2.4 ABC of HIV prevention

Most FGD participants knew the ABC of HIV prevention, but they believed that condoms were meant for them and thought it was the best for them to protect from HIV prevention. Majority pointed out that abstinence was difficult to practice due to the age and great desire for sex, to be faithful to partners after being tested was their another alternative but had its own limitation as it

was difficult to be with one partner for long ,so condom was their choice .Most taxi community members wanted to hear about condoms that was why we keep on discussing condom issues in most of peer sessions and let beneficiaries practice condom demonstration with the penile model provided by the project .(Peer leader)

Most participants mentioned that they were forced to use condom with the commercial partners as they insist on condom and sometimes push clients to wear double condom. The problem was with casual partner specially the school girls (yebet lij) who didn't know about condom or insist on body to body sex. You don't want to lose them so you go without a jacket .peer beneficiary

11.2.5 Service utilization

Majority of the FGD participants expressed their feeling that VCT was good and helped to shape their life whether they had the virus or not. And most of them can list the benefits of VCT. Majority of the CT,PL were tested not only once but several times. It was the first test which was difficult, once you broke that barrier everything will be easy for the future .Core trainer.

Most of us were tested during the free card provision in the certificate award ceremony. It was a mass mobilization; we went in groups and got tested. Core trainer

But on the contrary there were still lot of people who were not tested, because of their background, they recall their past history and afraid to get tested, we pushed them but the decision was theirs .peer leader

11.2.6 About the program

Most FGD participants were happy and thanked SYGE and FHI for the effort in addressing the taxi community in this program and for changing their lives, for making them productive. The program really helped us to have open discussion on sexual issues that we never discussed before. Peer beneficiary

The IEC BCC materials were very much appreciated especially the newsletter “Seychento”. Most stressed that the newsletter was very educative, entertaining, addressed the issues of the taxi community, gave updates on new HIV issues, shared good experiences and the stories of changed people.. Majority also appreciated the forum dramas that they were innovative, it kept the community talk about HIV issues, gave the issue for discussion and was also educative.

The information cabinets posted at taxi stations were also good, but they have to be updated each time and should be made attractive.

Most agreed the recent trainings on community self saving scheme, community leadership became an eye opener and we wished we had this trainings earlier we could have brought better achievements in our lives. Core trainers

11.2.7 Challenges

Majority of FGD participants pointed out that most peer discussion groups disintegrated due to high turnover of the staff .Peer leaders were not replaced and refresher training was not done.

The issue of monetary incentive was the major challenge for the program implementation. Beneficiaries assumed that we receive money from the project when we distribute the newsletter, when we start discussing HIV issues and these discouraged us to go further.

Most mentioned that lack of ongoing supervision and strong follow up from the project, lack of transparency of the project staff was a discouraging factor for most of us involved in the program.

Most emphasized on the lack of ongoing reinforcing activities to support or to bring issues for peer group discussions.

The long structural hierarchy in reaching peer leaders who reached the direct beneficiaries of the program and lack of adequate support to peer leaders due to the structure.

12. Discussion

12.1 Knowledge on HIV AIDS

Awareness about HIV AIDS was generally high among different target group's youth and adults. The demographic health survey also among male 15-49 the proportion of people who were aware about HIV is about 97% and BSS II also confirmed higher level of awareness and among transport workers (intercity bus drivers) which is 98 %. Our study participants almost all are aware of HIV which is better than both groups.

12.2 Knowledge on HIV prevention Methods

As compared to the baseline more study participants knew the three basic HIV prevention method ($P<0.05$).The proportion of targeted groups involved in BSS round II transport workers, factory workers , long distance truck drivers who knew HIV prevention methods was lower as compared to our study. Uniformed service personnel were found to have a better level of HIV prevention knowledge which is comparable to this study probably due to the targeted intervention programs. Out of the three HIV prevention methods abstinence method scored less than the other two prevention methods which can be explained by the preference of the target group to the other two methods and most likely to the last option (condom) Qualitative results also confirmed that abstinence as a method was not preferred by the group as HIV prevention method and emphasis was given more to condoms. On the other hand even though the methodology was different and ANOVA was used to determine the change in knowledge among taxi cab and tricycle drivers in Philippines, the effectiveness of peer education program was measured using the baseline, post test and follow-up study results. The results were compared using their mean score which showed significant change in knowledge as compared to baseline with follow-up (8).

Study among the long distance truck drivers in Malawi showed that the general knowledge on HIV prevention method was low only 49% knew the three HIV prevention methods, as compared to our study where great majority 83% had knowledge on the three HIV prevention methods and similarly about 1.4 % of our study participants and 1% of Malawi truck drivers had no knowledge on any of HIV prevention method (15).

12.3 Misconceptions on HIV

There was a big difference in the level of misconception on HIV AIDS as compared to the baseline. The proportion of respondents with no misconception was almost double of the baseline and it was also found to be statistically significant ($P<0.005$). The level and diversity of misconception differed from time to time from group to group, the most common and widespread misconception being HIV can spread through eating an egg laid by chicken who swallowed used condom (24.9%) and through mosquito bite (22%).It is probably the complexity of the transmission method made the respondents to think that HIV can be transmitted in such ways as informal discussion with respondents revealed.

The proportion of respondents with no misconception as compared to the findings of BSS round II among transport workers and other target groups revealed a significantly higher proportion of respondents had misconception as compared to BSS round I .This was even worse in the case of pastoralists which detected six fold difference (12). DHS 2005 among 15-49 adults' men showed that still more than 40% these study subjects had still misconception based on the standard questions for misconception identification. The proportion of respondents with no misconception among dwellers of different region had shown wide variation from 16.2% in Somali to 74% in Addis Ababa (13).

Qualitative study revealed out that misconceptions are reduced significantly but still more diversified with regard to issues related to HIV transmission and the like.

12.4 Comprehensive knowledge

Comprehensive knowledge could be considered average, but as compared to the baseline the proportion of study participants who had comprehensive knowledge on HIV was almost double of the baseline and the change was statistically significant (P<0.005)(Table 11)

Other studies, BSS round II and DHS 2005 also confirmed that comprehensive knowledge was still low on diverse group of study participants. BSS round II pointed out there was a significant decline of Comprehensive knowledge on the proportions of the transport workers namely the intercity bus drivers (31.1% Vs 23.2% and long distance truck drivers (42.8%Vs 29%). As compared to our study the proportion of study participants who had comprehensive knowledge on HIV involved in BSS round II and DHS 2005 was much lower(12,13).

12.5 Multiple sexual partnerships

The proportion of respondents who had different sexual partners showed significant change as compared to the baseline. The proportion of respondents who had regular sexual partners increased almost by 65% as compared to the baseline (48% Vs 72.9%). On the other hand, the proportion of respondents who had sex with commercial partners remained almost similar (13% Vs 16%), but the proportion of respondents who had sex with non regular sexual partners increased by three fold (10% Vs 31.6%) (12,13).

The proportion of multiple sexual partnerships with different partners declined as compared to the baseline (31.8 %Vs 10.4%). The proportion of multiple sexual partnerships with respondents having regular partners was found to be low 1.3% as compared to DHS 2005 4% in men age 15-49 (12,13). Behavioral studies done in high way routes of Nepal among

transport workers indicated that multiple sexual partnerships was common among transport workers and about 63% of transport workers had two or more sexual partners in the previous year prior to the study (18).

Qualitative study also revealed that most taxi community members as a result of the program started sticking to one regular sexual partner, getting married after being tested which showed the higher rate of regular partnership.

12.6 Condom use

The proportion of the taxi community who used condom with commercial partners at last sex as well as consistent condom use with commercial partners at the last 12 months declined as compared to the baseline 98% to 91.5% and 92% to 89.4% respectively but on the contrary condom use with non regular sexual partners the proportion on condom use at last sex and consistent condom use in past 12 months showed increasing trend from 74% to 90.3% and 51% to 84.9% respectively which was statistically significant ($P<0.05$).

Condom use with commercial partners was also in decline amongst long distance truck drivers, but it is on the rise among different group's intercity bus drivers (12). Formal HIV training as been pointed by this study seems to increase consistent condom use during casual sex OR 4.31(1.10, 16.9) (12).

On the other hand study in Malawi revealed that condom use rate of truck drivers with sex workers at last sex was high 93.2% and a little bit lower for non regular partners (89.7%) and concerning consistent condom use it was found out that none of them used it consistently with sex workers and only 38% didn't use it with non regular partners (15).

Other studies from Cambodia and Thailand showed that generally condom use of targeted high risk groups with commercial sex workers is high more than 90% and the increase in

both countries was attributed to the 100% condom use campaign launched among sex workers (16,17).

Similar studies in Nepal among male population of transport workers and daily laborers condom use in the last sex act with female sex workers was reported to be 91.6% and 61.2% respectively; consistent use of condoms with sex workers reported by the transport workers and male laborers had big difference about 80% of the transport workers reported consistent use of condoms with sex workers in the last 12 months, whereas only 31.2% of the male laborers used condom consistently with sex workers (18) .

Generally condom ever use and consistent condom use was higher with paid sex and lower with non paying sex and even lower with girl friends among the males.

12.7 HIV testing

The proportion of study a participant who used VCT service had huge difference (7.1% Vs 48.9%) and was encouraging as compared to the baseline. The difference was statistically significant ($P<0.005$) (Table 11).

The proportion of VCT service uptake in this study as compared to the targeted groups in BSS round II (transport workers, factory workers etc) was much higher .Generally the VCT service utilization was very low for different groups the highest record was for the uniformed services especially air force personnel (66.9%) which may be attributed to the HIV intervention program and mandatory testing employed for these special staffs (12).

As compared to DHS 2005 VCT service utilization of men age of 15-49 was low in all regions including Addis Ababa the maximum uptake rate for VCT in the past 12 months was 11% and it was almost lower by four fold .Among youth of age 15-24 VCT uptake was also

found to be low only a quarter had the test (13). The behavioral study in Malawi indicated that only 29% of truck drivers accessed VCT service which is much lower to our study (15).

The largest proportion of this study respondents pointed out they were advised and encouraged by peer leaders to take the service which also support that the service was attributed to the program.

13. Strength and limitations of the study

Strengths: Information gathered from the study helped to inform the program implementers to redesign the program and further scale up of the program.

The study incorporated both quantitative and qualitative components to triangulate the findings and draw out recommendation.

Limitations: The change in the knowledge on HIV and service utilization cannot be attributed to the program intervention only as the community members could have been exposed to other information sources which may have been found through intervention and control group comparison study.

14. Conclusion

There was a statistically significant change in knowledge on HIV prevention and transmission, in reduction of misconception and increasing the comprehensive knowledge on HIV/AIDS of the Addis Ababa Taxi community.

There was also statistically significant change in condom use and consistent condom use during casual sex or sex with non regular sexual partners.

Utilization of VCT service and STI treatment service also showed a statistically significant change in the targeted community.

The increase in comprehensive knowledge on HIV, consistent condom use with non regular sexual partners and service utilization of VCT, reduction of partners and decline in risk behavior was most likely attributed to the peer education intervention that the target group was exposed.

15. Recommendation

- Ongoing peer education, self support programs and formal HIV peer education training can attribute to increase VCT service utilization and increase condom use during casual sexual practices.
- Campaigns in the form of mass distribution of free VCT testing coupons would be preferable to enhance VCT service uptake.
- The long structural cascade should be cut short to give adequate emphasis to peer leaders who have direct reach to beneficiaries of the program.
- Strong and ongoing reinforcing activities like forum drama, IEC/BCC materials, and newsletter could be organized regularly to stimulate discussion for the peer groups.
- Ongoing supervision and strong monitoring mechanisms should be employed to have a strong database for the follow up of the program.
- The duration of voluntary service of core trainers, peer leader trainers and peer leaders should be cut short to the maximum duration of 2 years to avoid exhaustion of the group.
- Other studies with intervention and control group could be done to conclude that the change in the knowledge, sexual behavior was attributed to the peer education program itself**.**
- The reduction in condom use trend with commercial partners has to be further explored by other studies.

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ANNEX 1

Addis Ababa Taxi community HIV /AIDS STI Knowledge, sexual behaviors and Service utilization Assessment

Informed Consent Form

Introduction: "My name is... I'm working for... We're interviewing Addis Ababa Taxi community members in order to find out about the knowledge; risky sexual behaviors and service utilization related to HIV AIDS and STI.

If you have been interviewed you will not be interviewed again and will send you off with thanks If not I request you to respond to my questions genuinely.

Confidentiality and consent: In this questionnaire "I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name and address will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better help us to prevent and control HIV/AIDS and contribute to the intervention that we plan. We would greatly appreciate your help in responding to this survey. The survey will take about 25-30 minutes to ask the questions. Would you be willing to participate?

IF NO thank the respondent and end interview

If yes continue to the next section

*Signature of the interviewer that informed consent is obtained*_____

}. l	Title	Description	Code				
001	Questionnaire code						
002	Taxi station						
003	Respondent code number						
004	Respondent occupation						
005	Interviewer Name						
006	Date of Interview						
007	Starting time of interview						
008	Ending time of interview						
009	Result						

Result

1. Completed 2.respondent not available 3.respondent refused 4.Incomplete

Supervisor Name_____Signature_____Date_____

Annex 2:

በአዲስ አበባ ክ/ከ ማሕበረሰብ አባላት ላይ
ለኤች አይ ቪ ኤድስና ለተለያዩ የአባለዘር በሽ ዎች እውቀት የወሲብ ባህሪ እና የአገልግሎት ተጠቃሚነትን ለመገንዘብ የሚደረግ ጥናት መጠይቅ

የፍቃደኝነት ማረጋገጫ ቅፅ

መግቢያ:

ኔ_____ ባላለሁ፡፡ የምሠራዉ **ከፋሚሊ ሄልዝ ኢንተርናሽናልና ሴቭ ዩር ጀነሬሽን**- ኢትዮጵያ **ከአዲስ አበባ ኤች አይ ቪ ኤድስ መከላከያና መቆጣጠሪያ ጽ/ቤት ጋር በመተባበር በአዲስ አበባ ክ/ከ ማህበረሰብ አባላት** በሚያካሄደው የኤች አይ ቪ መከላከልና መቆጣጠር ፕሮጀክት ሥር ነዉ፡፡

በዚህ ጥናት የምንጠይቀው **የአዲስ አበባ ክ/ከ ማህበረሰብ አባላት** ስለ ኤች አይቪ/ኤድስና ሌሎች የአባላዘር ኢንፌክሽኖች ያለዎትን ውቀት፣ አመለካከትና ለበሽ ው ሊያጋልጡ የሚችሉ ባህሪያት ንዲሁም ኤች አይቪ/ኤድስ አገልግሎት ተጠቃሚነትን የሚዳስሱ ጥያቄዎች ይሆናል፡፡ ከዚህ በፊት ከተጠየቁ ንደገና አይጠየቁም፡፡ ስለዚህ ከምስጋና ጋር አሰናብትዎ ለሁ፡፡ ካልተሳተፉ ግን የሚቀርብልዎትን ጥያቄ በጥሞና ያዳመጡ ንዲመልሱልኝ በትህትና ጠይቅዎ ለሁ፡፡

የዚህ ጥናት ዋና ዓላማ ለኤች አይቪ/ኤድስ ሥርጭት በምክንያትነት የሚጠቀሱትን የተለያዩ ባህሪያት መረጃ በመሰብሰብ ልና በማህበረሰቡ ውስጥ የተከናወነው የኤች አይ ቪ መከላከልና መቆጣጠር ስራ ውጤ ማ መሆኑን ለመገንዘብ እንዲቻል ሲሆን ለወደፊትም የቫይረሱን ሥርጭት ለመገደብ የሚያስችል ቅድ ለመንደፍ አንዲያስችል ነው፡፡

ስለዚህ በ ዉነትና በቅንነት የሚሰጡን መልስ ለጥናቱ ወሳኝ ከመሆኑም በላይ በብሔራዊ ደረጃ ለሚካሄደው የኤች አይ ቪ/ኤድስ ቁጥጥርና መከላከል ርብርብ ከፍተኛ አስተዋፅኦ ይኖረዋል፡፡

በመጠይቁ የግል ባህሪን የተመለከቱ ጥያቄዎች ጠይቅዎ ለሁ ይሁንና ስምዎም ሆነ ሌሎች የ ርስዎን ማንነት የሚገልፀ ነገሮች አይመዘገቡም የሚሰጡትም ምላሽ በፍፁም ሚስጥር ይያዛል፡፡ በተጨማሪ በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛዉንም አይነት ጥያቄ አለመመለስ ወይም መጠይቁን በማንኛዉም ሰዓት ማቋረጥ ይችላሉ፡፡ ሆኖም የሚሰጡን መረጃ የኤች አይቪ/ኤድስ ወደፊት ለመቆጣጠርና ለመከላከል በሚደረገዉ ማንኛዉም አይነት ንቅስቃሴ የጎላ አስተዋፅኦ ንዳለው ተገንዝበው ጥያቄውን ለመመለስ ለሚያደርጉልን ትብብር ከልብ ናመሰግናለን፡፡
መጠይቁ ከ 25 ስከ 30 ደቂቃ ሊወስድ ይችላል በዚህ ጥናት ላይ መሳተፍ ይፈልጋሉን?

ተጠያቂው ፈቃደኝነቱን በቃሉ ሲረገግጥ ወደሚቀጥለዉ ንዑስ ክፍል ይለፉ፡፡
ፈቃደኛ ካልሆነ አመሰግነው መጠይቁን ያቁርጡ

ፈቃደኝነት ከመልስ ሰጪው ለመገኘቱ ማረጋገጫ የመረጃ ሰብሳቢው ፊርማ _____

የአካባቢ መለያ

ተ. ቁ	ርዕስ	መግለጫ	ኮድ
001	የመጠይቁ መለያ		
002	የታክሲ ጣቢያ		
003	የናሙና ምርጫ ተራቁጥር		
004	የመልስ ሰጪ የስራ ድርሻ	*	ከተራ ቁጥር 005 ተመልክተው ይሙሉ
005	የመረጃ ሰብሳቢ ስም		
006	መረጃ የተሰበሰበበት ቀን		
007	መጠይቁ መሞላት የጀመረበት ሰዓት		
008	መጠይቁ መሞላት የተጠናቀቀበት ሰዓት		
009	ውጤት		

ውጤት **1.**መጠይቁ ተጠናቀ**ል** **2.**መልስ ሰጪው አልተገኘም **3.**መልስ ሰጪው ተቃውማል **4.**መጠይቁ አልተጠናቀቀም

በተቆጣጣሪ ተረጋግጧ**ል** ስም _____ ፊርማ_____ ቀን _____

Annex 3 : Addis Ababa Taxi community HIV /AIDS knowledge, sexual behavior and service utilization Assessment Questionnaire

PART 1: Repondents Socio-demographic Information

S.no	Questions	Answer		Skip to
001	Sex of the respondent	Male female	1 2	
002	How old are you?	Age in years Don't know No response	[__ __] 97 99	
003	What is your religion Read the choice Provide only one answer	Orthodox Catholic Protestant Muslim No religion _____Other Don't know No response	1 2 3 4 5 6 97 99	
004	What is the highest level of school you completed? **Choose One**	illiterate Read and write Primary Secondary Higher No response	1 2 3 4 5 99	
005	What is your Occupation	Inspector Drivers Assistant Driver other No response	1 2 3 4 99	
006	How long have you served in this occupation	No of years Dont know No response	---------- 88 99	
007	How much do you earn per month	Amount In Birr Don't Know No response	---------- 97 99	
008	Your current marital status If not married SKIP to 010	Married Single Divorced Widowed Other No response	1 2 3 4 5 99	
009	How old were you when you were first married If married/divorced /separated	Age in years Don't know No response	---------- 88 99	

010	Are you currently Married or living with a partner with whom you have sexual relationship	Currently married living with spouse Currently married but living with other sexual partner Currently married not living with spouse or anypartner Not married ,living with sexual partner Not married not living with sexual partner No response	1 2 3 4 5 99	
011	IF married Do you have more than one wife	Yes No No response	1 2 99	

PART 2:Sexual history and practices

Now I would like to ask you some questions that may be difficult and too personal to answer. Your answers to these questions will be treated with strict confidentiality and will not be linked to you in any way .This questions will be about your sexual activity and partners

S.no	Questions	Answer		Skip to
201	People say that there are different types of sexual intercourse .What kind of sexual intercourses have you ever heard of? Don't read the list probe for more	Vaginal sex Anal sex Oral sex Others _____Never heard No response	Yes No 1 2 1 2 1 2 1 2 99	
202	Have you ever had sexual intercourse? Sexual intercourse in the context of this study is considered as vaginal ,anal or oral sexual intercourse IF NO SKIP to Q.203	Yes No No response	1 2 99	203
203	In the last 12 months did you have sexual intercourse?	Yes No No response	1 2 99	
204	What kind of sexual intercourse you ever had out of the listed types	Vaginal sex Anal sex Oral sex _____Others No response	Yes No 1 2 1 2 1 2 1 2 99	
205	Think about your sexual partners you had in the past 12 months A. your spouse or live in sexual partner/***regular partner/*** B .***Commercial partner*** with whom you had sex in exchange for money C. Sexual partners that you are not married to and have never lived with and didn't pay "***Non regular Partner"*** ***Doesn't include relationship >12 months***	**IF no FILL IN 00** A.**No of regular partners** • I have but dont remembers the number • I dont rememebr • No response b.**Commercial partners number** • I have but dont remember the number • I dont rememeber • No response C. **Non regular partners** number • I have but dont remembers the number • I dont rememeber • No response	□□ 1 2 99 □□ 1 2 99 □□ 1 2 99	
206	Think about the most recent sesual partner. How many times did you have sexual intercourse with this person in the last 30 days	Number of times IF NO write 00 I dont rememebr No response	□□ 97 99	

207	Think about the most recent sexual partner. How many times you have sexual intercourse during one night stay	One Two Three 4 and more Don't remember No response	1 2 3 4 97 99	
	PART 3 Sexual History with regular Partner			
301	**FILTER: CHECK** HAD SEX WITH REGULAR PARTNER DURING PAST 12 MONTHS …. [___] IF NO SKIP TO 401	Yes No NR	1 2 99	
302	Think about your most recent regular sexual partner. How many times did you have sexual intercourse with this person over the last 30 days **[REGULAR PARTNER INCLUDES WIFE OR LIVE-IN SEXUAL PARTNER]**	Number of times DON'T KNOW NO RESPONSE	_____ 97 99	303
303	The **last time** (round) you had sex with a regular partner, did you and your partner use a condom? *IFNO SKIP TO 305* *IF don't remember skip to Q.306*	YES NO DON'T REMEMBER NO RESPONSE	1 2 97 9	**Q305** **Q306** **Q306**
304	Who suggested using a condom that time? **CIRCLE ONE**	Myself My partner Joint decision Don't remember NO RESPONSE	1 2 3 97 99	**Q306** **Q306** **Q306** **Q306**
305	Why didn't you and your partner use a condom that time? Any other reasons? **CIRCLE ALL ANSWERS MENTIONED**		Y N	
		Not available	1 2	
		Too expensive	1 2	
		Ashamed to suggest	1 2	
		Partner objected	1 2	
		In a hurry	1 2	
		Don't like them	1 2	
		Ashamed to buy	1 2	
		Used other contraceptive	1 2	
		Didn't think it was necessary	1 2	
		Didn't think of it	1 2	
		Itching	1 2	
		I don't like it	1 2	
		I trusted my partner	1 2	
		I was drunk	1 2	
		Don't know how to use	1 2	
		Condom breakage	1 2	
		Reduces pleasure	1 2	
		Want to have child	1 2	
		Other_____	1 2	
		DON'T KNOW	97	
		NO RESPONSE	99	

306	In general, how often did you and your regular partner(s) use a condom during the past 12 months? That is since last March. Would you say every time, almost every time, sometimes or never	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 97 99	
	PART 4. SEXUAL HISTORY WITH COMMERCIAL PARTNER			
401	**FILTER: CHECK Q205** HAD SEXUAL INTERCOURSE WITH A COMMERCIAL PARTNER *(PERSON THEY PAID FOR SEX)* IN LAST 12 MONTHS…[___]			
402	Think about your **most recent** commercial sexual partner *(Someone you paid money for sex)*. How many times did you have sexual intercourse with this person over the last 30 days?	Number of times DON'T KNOW NO RESPONSE	|__|__-- 88 99	403
403	The **last time** you had sex with a commercial partner *(someone you paid money for sex)*, did you and your partner use a condom?	YES NO DON'T remember NO RESPONSE	1 2 97 99	
404	Who suggested condom use that time? **CIRCLE ONE**	Myself My partner Joint decision Don't remember NO RESPONSE	1 2 3 97 99	
405	Why didn't you and your partner use a condom that time? Any other reasons? **CIRCLE ALL ANSWERS MENTIONED**		Y N	
		Not available	1 2	
		Too expensive	1 2	
		Ashamed to suggest	1 2	
		Partner objected	1 2	
		In a hurry	1 2	
		Don't like them	1 2	
		Ashamed to buy	1 2	
		Used other contraceptive	1 2	
		Didn't think it was necessary	1 2	
		Didn't think of it	1 2	
		Itching	1 2	
		I don't like it	1 2	
		I trusted my partner	1 2	
		I was drunk	1 2	
		Don't know how to use	1 2	
		Condom breakage	1 2	
		Reduces pleasure	1 2	
		Want to have child	1 2	
		Other_____	1 2	
		DON'T KNOW	97	
		NO RESPONSE	99	

406	In general, how often did you and your regular partner(s) use a condom during the past 12 months? That is since last March. Would you say every time, almost every time, sometimes or never	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T remember NO RESPONSE	1 2 3 4 97 99	

PART 5. SEXUAL HISTORY WITH NON REGULAR PARTNER

501	**FILTER: CHECK Q205** HAD SEXUAL INTERCOURSE WITH A NON REGULAR PARTNER *(PERSON not married or live in partner no payment FOR SEX)* IN LAST 12 MONTHS…[___]			
502	Think about your **most recent** Non regular sexual partner How many times did you have sexual intercourse with this person over the last 30 days?	Number of times DON'T KNOW NO RESPONSE	|__|__ 88 99	503
503	The **last time** you had sex with a NON REGULAR partner, did you and your partner use a condom?	YES NO DON'T remember NO RESPONSE	1 2 97 99	
504	Who suggested condom use that time? **CIRCLE ONE**	Myself My partner Joint decision Don't remember NO RESPONSE	1 2 3 97 99	
505	Why didn't you and your partner use a condom that time? Any other reasons? **CIRCLE ALL ANSWERS MENTIONED**		Y N	
		Not available	1 2	
		Too expensive	1 2	
		Ashamed to suggest	1 2	
		Partner objected	1 2	
		In a hurry	1 2	
		Don't like them	1 2	
		Ashamed to buy	1 2	
		Used other contraceptive	1 2	
		Didn't think it was necessary	1 2	
		Didn't think of it	1 2	
		Itching	1 2	
		I don't like it	1 2	
		I trusted my partner	1 2	
		I was drunk	1 2	
		Don't know how to use	1 2	
		Condom breakage	1 2	
		Reduces pleasure	1 2	
		Want to have child	1 2	
		Other_____	1 2	
		DON'T KNOW	97	
		NO RESPONSE	99	

506	In general, how often did you and your NON regular partner(s) use a condom during the past 12 months? Would you say every time, almost every time, sometimes or never	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T remember NO RESPONSE	1 2 3 4 97 99	

PART 6. Male and Female condoms				
S.no	**Questions**	**Answer**		**Skip to**
601	FILTER QUESTION 303,403,503 IF CONDOMS NOT USED go to Q.602 IF CONDOMS USED Go to Q.604			
602	Have you ever used male condom before IF NO SKIP to Q.603	Yes No Dont know No response	1 2 97 99	603
603	Have you ever heard about Male condoms; Show sample of male condom- Condom is a plastic sheath the a man puts on his penis during sexual intercourse	Yes No Dont know No response	1 2 97 99	606
604	Do you know any place from which you can obtain male condom?	Yes No Dont know No response	1 2 97 99	606
605	Which places or persons do you know where you can obtain male condoms **Don't read the list** **probe for more**		Yes No	
		Shop	1 2	
		Pharmacy	1 2	
		Market	1 2	
		Private clinic	1 2	
		Health center/Hospital	1 2	
		Family planning center	1 2	
		Youth center	1 2	
		Bar/Hotel	1 2	
		Counselors	1 2	
		Peer educators	1 2	
		Family	1 2	
		Mobile shoppers	1 2	
		Sex workers	1 2	
		_____Others	1 2	
		No response	99	
606	Have you ever heard about female condoms **Show sample of female condoms** Female condom is a plastic sheath that can be place inside women sexual organ before sexual intercourse	Yes No Dont rememeber No response	1 2 97 99	
607	Have you ever had sex with woman wear female condoms	Yes No Dont rememeber No response	1 2 97 99	

PART 7- Alcohol and drug consumption

S.no	Questions	Answer	Skip to
701	In the past one month have you ever consumed Alcoholic drinks including local drinks like tella,tej Areke) **IF NO skip to Q.303**	Yes 1 No 2 Dont know 88 No response 99	703
702	In the past one month how was your consumption of Alcohol **(Read the list**	Yes No Daily 1 2 One day in a week all the weeks 1 2 Every week one day in a week 1 2 Some weeks one day in a week 1 2 Every week one day in a week 1 2 Some weeks more than once a day 1 2 Don't remember 97 NO response 99	
703	Some people consume stimulant drugs Have you ever consumed drugs if so which type **Don't read the list except chat** **Probe for more** **IF NO Skip to Q.705**	Yes No Khat 1 2 Shisha /GAya 1 2 Benzene 1 2 Hashish 1 2 Glue /cola 1 2 Cocaine 1 2 Crack 1 2 Heroine 1 2 I don't know the name 1 2 Other 1 2 Never consumed 1 2 No response 99	705
704	In the past one month how frequent did you consume the stimulant drugs ; ***mention only the above listed ones** 1. Daily 2. All the weeks more than Once/week 3. Every week one day in a week 4. Some weeks more than once /week 5. Some weeks one day in a week 6. Never 97. Don't remember 99. NO response	A. Khat..... 1 2 3 4 5 6 7 9 B. Shisha..... 1 2 3 4 5 6 7 9 C . Benzen/Haramb 1 2 3 4 5 6 7 9 D. Hashish..... 1 2 3 4 5 6 7 9 E . Glue /cola..... 1 2 3 4 5 6 7 9 F . Cocaine..... 1 2 3 4 5 6 7 9 G. Crack..... 1 2 3 4 5 6 7 9 H. Heroine..... 1 2 3 4 5 6 7 9 I . I don't know the name 1 2 3 4 5 6 7 9 J Others specify _____	
705	In the past 12 months have you ever used stimulant /sedative through injection drugs ; * this doesn't include injection for medication purpose	Yes 1 No 2 Dont rememeber 97 No response 99	

PART 8. Sexually transmitted Infections

S.no	Questions	Answers		Skip
801	Have you ever heard of diseases which are transmitted through sexual intercourse	Yes No Dont know No response	1 2 97 99	604
802	Can you describe any symptom of STD in women Don't read the list Circle one for mentioned Circle two for not mentioned		Yes No	
		Pain below the umbilicus	1 2	
		Genital discharge	1 2	
		Foul smelling discharge	1 2	
		Burning sensation during urination	1 2	
		Genital ulcer	1 2	
		Inguinal swelling	1 2	
		Itching around genitals	1 2	
		Other	1 2	
		I don't know	97	
		No response	99	
803	Can you describe any symptom of STD in Men Don't read the list Circle one for mentioned Circle two for not mentioned		Yes No	
		Genital discharge	1 2	
		Burning sensation during urination	1 2	
		Genital ulcer	1 2	
		Inguinal swelling	1 2	
		Other	1 2	
		I don't know	97	
		No response	99	
804	Have you had genital discharge/ ulcer during the past 12 months	Yes No Dont rememeber No response	1 2 97 99	901
805	Did you take any measure while you had genital discharge or ulcer in the past 12 months	Yes No Dont rememeber No response	1 2 97 99	
806	Did you do any of the following the last time you had genital ulcer or discharge	Seek Advice from Government clinic or Hospital	1	
		Seek Advice from private health care providers	2	
		Seek Advice from religious/Charity Health care	3	
		Seek Advice from NGO Health care	4	
		Seek Advice from private pharmacies	5	
		Seek Advice /medicine from traditional healers	6	
		Got medication from unlicenced practioners	7	
		Took traditional medicine I had at home	8	
		Took modern medicine I had at home	9	
		Tell my sexual partners about the problem	10	
		Talked with my friends about my problem	11	
		Talked with my family about my problem	12	
		Stopped sexual intercourse during illness	13	
		Used condom during my illness	14	
		Got advice from Others	15	
		No response	99	

807	Where was the source of the medication if Last time when you had genital discharge or ulcer you took medications; Don't read the list Circle one for listed Circle 2 for non listed	Health institutions Pharmacy Unlicensed practitioners Traditional healer From friend From family Used what I have at home Don't remember No response	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	
808	Did you take all the prescribed medications? IF NO Skip to 901	Yes No Don't remember No response	1 2 97 99	901
809	If you didn't take all the prescribed drugs what was the reason for it Don read the list Circle 1 for listed Circle 2 for Non listed	I assumed I was better Forgot it Used other traditional medications Medication caused side effects Other Don't remember No response	Yes No 1 2 1 2 1 2 1 2 1 2 97 99	

PART 9. Information about HIV/AIDS/Attitude/self risk perception

S.no	Questions	Answer		Skip to
901	Have you ever heard about HIV/ and AIDS	Yes No No Response	1 2 99	
902a	Do you know a person who live with HIV or died of AIDS	Yes No No Response	1 2 99	
902b	Do you have a friend/relative who live with HIV or died of AIDS	Yes No No Response	1 2 99	
903	Do you think that people can protect from HIV Using condom correctly and consistently	Yes No No Response	1 2 99	
904	Can a person get HIV from mosquito bites	Yes No Don't know No response	1 2 97 99	
905	People can protect themselves from HIV by being faithful to non infected partner	Yes No Don't know No response	1 2 97 99	
906	People can protect themselves from HIV by being Abstained from sex	Yes No Don't know No response	1 2 97 99	
907	Can a person get HIV by sharing syringes with another person?	Yes No Dont know No response	1 2 97 99	

908	Do you think that a healthy looking person can be infected with HIV	Yes No Dont know No response	1 2 88 99	
909	Can a pregnant women infected with HIV pass the virus to her unborn child IF NO Skip to Q..no 912	Yes No Dont know No response	1 2 88 99	→ 912
910	What can a pregnant women do to decrease the chance of passing the virus to her unborn child **Don't read the list** **Circle all that are mentioned**	Taking antiretroviral drugs Taking advice from Health care workers _____Others Don't know No response	Yes No 1 2 1 2 1 2 97 99	
911	Can a women with HIV pass the virus to her unborn child through breast feeding	Yes No Dont know No response	1 2 97 99	
912	Can a person get HIV by eating raw egg from a hen who swallowed used condom from infected person	Yes No Dont know No response	1 2 97 99	
913	Lubricant of condom has HIV	Yes No Dont know No response	1 2 97 99	
914	You can get infected by having meal prepared by HIV infected person	Yes No Dont know No response	1 2 97 99	
915	Can a person prevent HIV infection by eating spicy ,hot foods and drinking alcoholic drinks	Yes No Dont know No response	1 2 97 99	
916	Can a person get HIV from the curse of elderly and religious leaders	Yes No Dont know No response	1 2 97 99	
Stigma and discrimination related to HIV				
917	If your relative have HIV .do you need to keep the result secret	Yes No No response	1 2 99	
918	If your close relative die of HIV do you want to reveal to teach others	Yes No I will tell only to close relatives No response	1 2 3 99	
919	If your male/female relative have HIV would you be willing to care for him	Yes No No response	1 2 99	
920	Do you think that a taxi community members living with HIV can continue work as driver ,inspector or assistant	Yes No No response	1 2 99	
921	Do you want to share a meal with some one who is HIV infected	Yes No Dont know No response	1 2 88 99	

922	In your current situation what are your chances of getting HIV	No chance Low chance Medium chance High chance Don't know No response	1 2 3 4 98 99	
923	If your chances are low or no chance what was your reason		Yes No	
		Never had sex	1 2	
		Abstained from sex	1 2	
		Trustful partner	1 2	
		Never have injection with used needle	1 2	
		Use condom consistently	1 2	
		Healthy and no relation with infected person	1 2	
		Others	1 2	
		Don't remember	97	
		No response	99	
924	If your chances are medium or high what was your reason		Yes No	
		Had sex with Infected partner	1 2	
		Had sex without a condom	1 2	
		Had multiple sexual parter	1 2	
		Had sex with commercial partner	1 2	
		Condom broke	1 2	
		Had accidental injection/cut	1 2	
		Others	1 2	
		Don't remember	97	
		No response	99	

PART 10 HIV related services/Exposure to intervention

S.no	Questions	Answers		Skip to
1001	Do you know a place in your community where HIV testing and counseling service is available Read the list	Yes No Noresponse	1 2 99	
1002	Where do you think some one in your community can get a confidential HIV test to know the status		Yes No	
		Health centers	1 2	
		Private clinics	1 2	
		Ngo clinics	1 2	
		Hospitals	1 2	
		Others	1 2	
		No response	99	
1003	Don't tell me the result but have you ever had an HIV test IF NO Skip to Q.1005	Yes No No response	1 2 99	1005
1004	Where did you find information about the service		Yes No	
		Peer leader	1 2	
		Friend	1 2	
		Mass media	1 2	
		others	1 2	
		No response	99	
1005	If you haven't used HIV counseling and testing service, what was your reason		Yes No	
		Not at risk	1 2	
		Afraid to do so	1 2	
		Others	1 2	
		No response	99	
1006	Do you think HIV counselling and testing service is useful?	Yes No Dont know NO response	1 2 88 99	

1007	Have you heard of the taxi HIV peer leadership program	Yes No NO response	1 2 99	
1008	What is your role in the taxi HIV prevention program	Core trainer Peer leader trainer Peer leader Peer beneficiary No response	1 2 3 4 99	
1009	Do you remember the logo of AA taxi peer leadership program	Yes No NO response	1 2 99	
1010	Have you ever participated in peer leadership discussion on HIV AIDS	Yes No NO response	1 2 99	
1011	Have you ever received training on HIV AIDS prepared by the project	Yes No NO response	1 2 99	
1012	In the past 12 months Have you received any flyer, that talks about HIV from the taxi project	Yes No NO response	1 2 99	
1013	In the past 12 months Have you received any Poster that talks about HIV from the taxi project	Yes No NO response	1 2 99	
1014	In the past 12 months Have you received any newsletter SEYCHENTO from the taxi project	Yes No NO response	1 2 99	
1015	In the past 12 months Have you ever observed participated in a forum drama of the taxi project	Yes No NO response	1 2 99	
1016	In the past 12 months ,have you ever received free condom from the project	Yes No NO response	1 2 99	
1017	In the past 12 months, Have you ever been /advised refereed by peer leaders for VCT	Yes No NO response	1 2 99	
1018	In the past 12 months, Have you ever been advised/ refereed by peer leaders for STI services	Yes No NO response	1 2 99	
1019	In the past 12 months .Have you ever participated in taxi community self help groups	Yes No NO response	1 2 99	
1020	In the past 12 months Have you observed any changes in your behavior that puts you at risk for HIV	Yes No NO response	1 2 99	

1021	What changes observed in your risky behaviors to HIV? Circle 1 for all the listed Circle 2 for the non listed		Yes No	
		Quit drink	1 2	
		Quit khat chewing	1 2	
		Abstained	1 2	
		Got tested	1 2	
		Use condom consistently	1 2	
		Got married/limited	1 2	
		Started saving	1 2	
		Others	1 2	
		No response	99	
1022	What do you think the change is attributed to?		Yes No	
		Advice from friends	1 2	
		Media programs	1 2	
		Peer leaders advice	1 2	
		Outreach workers advice	1 2	
		Others	1 2	
		No response	99	

This is the end of the questionnaire.

Thank you very much for taking time to answer to these questions

We appreciate your help and we wish you the best!

Annex 4

በአዲስ አበባ ክሲ ማሕበረሰብ አባላት ላይ ለኤች አይ ቪ ኤድስና ለተለያዩ የአባለዘር በሽ ዎች እውቀት የወሲብ ባህሪ እና የአገልግሎት ተጠቃሚነትን ለመገንዘብ የሚደረግ ጥናት መጠይቅ

ክፍል 1: የመልስ ሰጪዎች አጠቃላይ መረጃ				
ተ.ቁ	**መጠይቅ**	**መልስ**		**ይለፍ**
001	የተጠያቂው ጾ	ወንድ ሴት	1 2	
002	ዕድሜዎ ስንት ነው?	ዕድሜ በሙሉ ዓመት አላዉቅም መልስ የለም	[__ __] 98 99	
003	ሐይማኖትዎ ምንድን ነዉ? **(ዝርዝሩ ይነበብ)** **አንድ መልስ ብቻ ይከበብ**	ኦርቶዶክስ ካቶሊክ ፕሮቴስ ንት ስልምና ሃይማኖት የለኝም _____ሌላ) አላዉቅም መልስ የለም	1 2 3 4 5 6 98 99	
004	ያጠናቀቁት ከፍተኛ የትምህርት ደረጃ ስንት ነዉ? **አንዱን ይምረጡ**	ያልተማረ ማንበብና መፃፍ አንደኛ ደረጃ ሁለተኛ ደረጃ ከፍተኛ ትምህርት መልስ የለም	1 2 3 4 5 99	
005	ሥራዎት ምንድነው	ተራ አስከባሪ ረዳት ሹፌር _____ሌላ መልስ የለም	1 2 3 4 99	
006	በዚህ ስራ ውስጥ ለምን ያህል ጊዜ አገለገሉ	የአመ ት ብዛት መልስ የለም	☐☐ 99	
007	ለዚህ ዋነኛ ሥራዎ በአማካይ በወር ምን ያህል ገንዘብ ያገኛሉ?	ብር መልስ የለም	---------- 99	
008	አሁን ያለዋት የትዳር ሁኔ ያላገባ ከሆነ ወደ ጥያቄ ቁጥር 010 ይለፉ	ያገባ ያላገባ የተፋ ባለቤቱ በሞት የተለየችው ሌላ ካለ ይገለጥ መልስ የለም	1 2 3 4 5 99	010
009	ያገባ/የተፋ / የተለያየ / ሚስቱ የሞተችበት ከሆነ ትዳር መጀመሪያ ሲይዙ እድሜዎ ስንት ነበር	እድሜ በአመት አላስታውስም መልስ የለም	_____ 97 99	
010	አሁን በትዳር ላይ ነዎት ወይስ ከግብረስጋ ጓደኛዎ ጋር የኖሩ ነዉ?	አሁን በትዳር ላይ ነኝ አብረን ንኖራለን. አሁን በትዳር ላይ ነኝ ግን ባለቤቴ ካልሆነ/ች ሰዉ ጋር ኖራለሁ. አሁን ትዳር አለኝ ግን ለብቻዬ ኖራለሁ.ትዳር የለኝም ከግብረስጋ ጓደኛዬ ጋር ኖራለሁ ትዳር የለኝም ለብቻዬ ነዉ የምኖረዉ መልስ የለም	1 2 3 4 5 99	

011	ያገቡ ከሆነ ከአንድ በላይ ሚስት አለዎት	አዎን የለም መልስ የለም	1 2 99	

ክፍል 2:
የግብረ ስጋ ግንኙነት ልምድና ሁኔ

አሁን ከግብረ ስጋ ግንኙነት ጋር የተያያዙ የግል ህይወትዎን የሚመለከት ጥያቄዎች ጠይቅዎ ለሁ፡፡ ቀደም ብዬ ንደነገርኩዎት መረጃው በፍፁም በምስጢር ይያዛል ከእርስዎም ጋር በምንም አይነት ሊያያዝ አይችልም፡፡

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
201	ሰዎች የተለያየ የግብረ ስጋ ግንኙነት ዓይነት ንዳለ ይናገራሉ፡፡ ርስዎ ምን ምን አይነት የግብረ ስጋ ግንኙነት ንዳለ ሰምተው ያውቃሉ? **(ምርጫዉ አይነበብ፣ ሌላ ያሉ ይጠይቁ)** **ከአንድ በላይ መልስ ይኖረዋል የተቀሳቸውን 1 ይክበቡ** **ያልተጠቀሱትን 2 ይክበቡ**	በሴት ብልት የሚፈፀም በፊንጢጣ የሚፈፀም በአፍ የሚፈፀም ሌላ ይገለፅ _____ ምንም አልሰማሁም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 97 99	
202	ከተቃራኒ ፆ ጋር የሚደረግ የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉን? *ለዚህ ጥናት ሲባል የግብረ ስጋ ግንኙነት ማለት በሴት ብልት በፊንጢጣ ወይም በአፍ የሚፈፀም ግንኙነት ማለት ነው፡፡* **መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 601 ይለፉ**	አዎን የለም መልስ የለም	1 2 99	<u>601</u>
203	ባለፉት 12 ወራት የግብረ ስጋ ግንኙነት ፈጽመዉ ነበርን?	አዎን አልፈፀምኩም መልስ የለም	1 2 99	<u>601</u>
204	ከላይ ከተጠቀሱት ውስጥ ምን አይነት የግብረ ስጋ ግንኙነት ፈጽመው ያውቃሉ **ከአንድ በላይ መልስ ይኖረዋል የተቀሳቸውን 1 ይክበቡ** **ያልተጠቀሱትን 2 ይክበቡ**	በሴት ብልት የሚፈፀም በፊንጢጣ የሚፈፀም በአፍ የሚፈፀም ሌላ ይገለፅ _____ መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 99	
205	ባለፉት 12 ወራት ዉስጥ ስለነበርዎት የግብረ ስጋ ግንኙነት ጓደኛ/ጓደኞች አስቡ፡፡ ሀ- በትዳር ወይም ንደ ባልና ሚስት አብረዎት የሚኖሩ ስንት መደበኛ የግብረስጋ ግንኙነት ጓደኛ ነበረዎት? ** መደበኛ ጓደኛ- በትዳር ወይም ንደ ባልና ሚስት አብረው የሚኖሩ የግብረ ስጋ ግንኙነት ጓደኛ ማለት ነዉ፡፡* ለ- በገንዘብ ክፍያ ስንት የግብረ ስጋ ግንኙነት ጓደኛ ነበረዎት? ሐ- ከትዳር ጓደኛዎ ወይም ንደ ባልና ሚስት አብረው ከሚኖሩ ውጪ ፣ የገንዘብ ክፍያ የሌለበት ስንት የግብረ ስጋ ግንኙነት ጓደኛ ነበረዎት? **(ከ12 ወራት በላይ የቆየ ግንኙነትን <u>አይጨምርም</u>)**	**<u>ምንም የለኝም ካሉ 00 ይሞላ</u>** ሀ. መደበኛ የግብረ ስጋ ጓደኛ ብዛት • ነበረኝ ግን ቁጥሩን አላስ ውስም • መኖር አለመኖሩን አላስ ውስም • መልስ የለኝም ለ. በገንዘብ ክፍያ የግብረ ስጋ ጓደኛ ብዛት • ነበረኝ ግን ቁጥሩን አላስ ውስም • መኖር አለመኖሩን አላስ ውስም • መልስ የለኝም ሐ. መደበኛ ጓደኛ ያልሆኑ ና ከገንዘብ ክፍያ ዉጪ የግብረስጋ ጓደኛ ብዛት • ነበረኝ ግን ቁጥሩን አላስ ውስም • መኖር አለመኖሩን አላስ ውስም • መልስ የለኝም	 1 2 99 1 2 99 1 2 99	
206	ባለፉት 30 ቀናት ውስጥ ስንት ቀን የግብረ ሥጋ ግንኙነት ፈፅመዋል?	የወሲብ ግንኙነት የፈፀሙበት ቀን ብዛት አላስ ውስም መልስ የለም	---------- 97 99	

207	በአንድ የወሲብ ግንኙነት /አዳር ምን ያህል ጊዜ ግንኙነት ይፈጽማሉ	አንዱ ሁለቱ ሶስቱ አራትና ከዚያ በላይ አላስ ውስም መልስ የለም	1 2 3 4 97 99	

ክፍል 3:
የግብረ ስጋ ግንኙነት ሪክ ከመደበኛ ገደኛ ጋር

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
301	**ማጣሪያ ጥያቄ ቁጥር 205 ን ተመልከት** ላለፍት 12 ወራት ከመደበኛ ገደኛዎ ጋር ወሲብ ፈጽመው ነበርን **ካልሆነ ወደ ጥያቄ ቁጥር 401 ይለፍ**			
302	በቅርብ ስለነበረዎት መደበኛ የወሲብ ገደኛ አስቡ ባለፉት 30 ቀናት ምንያህል ጊዜ ወሲብ ፈጽመዋል **መደበኛ ገደኛ የትዳር ገደኛንና አብረው እንደሚስት የሚኖሩትን ያጠቃልላል**	ብዛት በቁጥር አላስ ውስም መልስ የለም	 88 99	 <u>303</u>
303	ባለፈው ጊዜ ከመደበኛ ገደኛዎ ጋር የግብረ ሥጋ ግንኙነት ሲፈጽሙ ኮንዶም ተጠቅመው ነበርን **መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 305** **አላስ ውስም ከሆነ ወደ ጥያቄ ቁጥር 306 ይለፉ**	አዎን የለም አላስ ውስም መልስ የለም	1 2 88 99	 <u>305</u> 306
304	ኮንዶም ተጠቅመው ከሆነ ለመጠቀም ሀሳቡን ያመጣዉ ማን ነዉ? መልሱ አዎ ከሆነ ወደ ጥያቄ ቁጥር 306 ይለፉ **(ምርጫዉን አንብቡ)**	ኔ ርሷ(ርሱ) ሁለ ችንም አላስ ውስም መልስ የለም	1 2 3 97 99	 ⇨ <u>306</u>
305	**ለጥያቄ ቁጥር 303 መልስዎ ተራ ቁጥር 2 /የለም/ የሚለው ከሆነ**፤ ባለፈው ጊዜ የግብረ ሥጋ ግንኙነት ሲፈፅሙ ኮንዶም ካልተጠቀማችሁ ምክንያቱ ምንድነዉ? **ሌላስ በማለት ለማውጣጣት ሞክር** **(ምርጫዉን አያንብቡ) ለተጠቀሱት መልሶች ሁሉ ከአንድ በላይ መልስ ይኖረዋል የተቀሳቸውን 1 ይክበቡ ያልተጠቀሱትን 2 ይክበቡ ፡**	ስለማይገኝ/ስላልነበረ ወድ ስለሆነ ንጠቀም ማለት ስላሳፈረኝ/ስላልደፈርኩ ጓደኛዬ ስለተቃወመ/ች በችኮላ/ስለተጣደፍን ረስተን ለመግዛት/ለመጠየቅ ስላፈርኩ ሌላ የወሲድ መቆጣጠሪያ ስለተጠቀምን አስፈላጊ መስሎ ስላል የኝ አላሰብኩበትም ነበር አለርጂ/ማሳከክ ስለሚያመጣብኝ ስለማልወድ ጓደኛዬን ስለማምናት አልኮል ጠጥቼ ስለነበር ኮንዶም አጠቃቀም ስለማላውቅ ኮንዶም በየጊዜው የተቀደደ ስላስቸገረኝ ርካ ስለሚቀንስብን ልጅ መዉለድ ስለምፈለግ ..... ሌላ / አላስ ውስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	

306	ባለፉት 12 ወራት ዉስጥ በዚህ ግንኙነት ዉስጥ ኮንዶም አጠቃቀምም ንዴት ነበር? (ምርጫውን ያንብቡ)	ሁል ጊዜ አብዛኛዉን ጊዜ አንዳንድ ጊዜ ምንም ጊዜ) አላስ ዉስም መልስ የለም	1 2 3 4 97 99	

ክፍል 4:
የግብረ ስጋ ግንኙነት ሪክ ከገንዘብ ክፍያ ገፀኛ ጋር

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
401	**ማጣሪያ ጥያቄ ቁጥር 205 ን ተመልከት** ላለፍት 12 ወራት የገንዘብ ክፍያ የወሲብ ገፀኛ ጋር ወሲብ ፈጽመው ነበርን **ካልሆነ ወደ ጥያቄ ቁጥር 501 ይለፍ**			
402	በቅርብ ስለነበረችዎት የገንዘብ ክፍያ የወሲብ ገፀኛ አስቡ ባለፉት 30 ቀናት ምንያህል ጊዜ ወሲብ ፈጽመዋል የገንዘብ ክፍያ ገፀኛ ማለት በገንዘብ ወሲብ የገዛትን ይመለከታል	ብዛት በቁጥር አላስ ውስም መልስ የለም	 88 99	403
403	ባለፈው ጊዜ ከገንዘብ ክፍያ የወሲብ ገፀኛ ጋር የግብረ ሥጋ ግንኙነት ሲፈጽሙ ኮንዶም ተጠቅመው ነበርን **መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 405** **/አላስ ውስም ከሆነ ወደ ጥያቄ ቁጥር 406 ይለፉ**	አዎን የለም አላስ ውስም መልስ የለም	1 2 ➡ 88 99	405 406
404	ኮንዶም ተጠቅመው ከሆነ ለመጠቀም ሀሳቡን ያመጣዉ ማን ነዉ? መልሱ አዎ ከሆነ ወደ ጥያቄ ቁጥር 406 ይለፉ **(ምርጫዉን አንብቡ)**	ኔ ርሷ(ርሱ) ሁለ ችንም አላስ ውስም መልስ የለም	1 2 3 ➡ 97 99	406
405	**ለጥያቄ ቁጥር 403 መልስዎ ተራ ቁጥር 2 /የለም/ የሚለው ከሆነ፤** ባለፈው ጊዜ የግብረ ሥጋ ግንኙነት ሲፈፅሙ ኮንዶም ካልተጠቀማችሁ ምክንያቱ ምንድነዉ? **ሌላስ በማለት ለማውጣጣት ሞክር** **(ምርጫዉን አያንብቡ)** ለተጠቀሱት መልሶች ሁሉ በአካያው ያለውን ፊደል ያክብቡ	ስለማይገኝ/ስላልነበረ ዉድ ስለሆነ ንጠቀም ማለት ስላሳፈረኝ/ስላልደፈርኩ ጓደኛዬ ስለተቃወመ/ች በችኮላ/ስለተጣደፍን ረስተን ለመግዛት/ለመጠየቅ ስላፈርኩ ሌላ የወሲድ መቆጣጠሪያ ስለተጠቀምን አስፈላጊ መስሎ ስላል የኝ አላሰብኩበትም ነበር አለርጂ/ማላከክ ስለሚያመጣብኝ ስለማልወድ ጓደኛዬን ስለማምናት/ስለማምነው አልኮል ጠጥቼ ስለነበር ኮንዶም አጠቃቀም ስለማላውቅ ኮንዶም በየጊዜው የተቀደደ ስላስቸገረኝ ርካ ስለሚቀንስብን ልጅ መዉለድ ስለምፈለግ ..... ሌላ / አላስ ውስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	

406	ባለፉት 12 ወራት ዉስጥ በዚህ ግንኙነት ዉስጥ ኮንዶም አጠቃቀምዎ ንዴት ነበር? (ምርጫውን ያንብቡ)	ሁል ጊዜ አብዛኛዉን ጊዜ አንዳንድ ጊዜ ምንም ጊዜ አላስ ዉስም መልስ የለም	1 2 3 4 97 99	

ክፍል 5: የግብረ ስጋ ግንኙነት ሪክ መደበኛ ካልሆነች ገ፪ኛ ጋር				
ተ.ቁ	**መጠይቅ**	**መልስ**		**ይለፍ**
501	**ማጣሪያ ጥያቄ ቁጥር 205 ን ተመልከት** ላለፉት 12 ወራት *መደበኛ ካልሆነች የወሲብ ጋደኛዎ ጋር* ወሲብ ፈጽመው ነበርን **ካልሆነ ወደ ጥያቄ ቁጥር 601 ይለፍ** *መደበኛ ያልሆነች ጓደኛ* ሳይጋቡ ወይም አብረው ሳይኖሩ ከገንዘብ ክፍያ ውጪ ባለፉት 12 ወራት የነበሩዎቸውን ጉዋደኞች ያመለክ ል			
502	በቅርብ ስለነበረችዎት *መደበኛ ያልሆነች* የወሲብ ገ፪ኛዎን አስቡ ባለፉት 30 ቀናት ምንያህል ጊዜ ወሲብ ፈጽመዋል	ብዛት በቁጥር አላስ ውስም መልስ የለም	 88 99	503
503	ባለፈው ጊዜ *መደበኛ ያልሆነች* የወሲብ ገ፪ኛዎ ጋር የግብረ ሥጋ ግንኙነት ሲፈጽሙ ኮንዶም ተጠቅመው ነበርን **መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 505** **አላስ ውስም ከሆነ ወደ ጥያቄ ቁጥር 506 ይለፉ**	አዎን የለም አላስ ውስም መልስ የለም	1 2 88 99	 505 506
504	ኮንዶም ተጠቅመው ከሆነ ለመጠቀም ሀሳቡን ያመጣዉ ማን ነዉ? መልሱ አዎ ከሆነ ወደ ጥያቄ ቁጥር 506 ይለፉ **(ምርጫዉን አንብቡ)**	ኔ ርሷ(ርሱ) ሁለ ችንም አላስ ውስም መልስ የለም	1 2 3 97 99	506
505	**ለጥያቄ ቁጥር 503 መልስዎ ተራ ቁጥር 2 /የለም/ የሚለው ከሆነ፤** በመጨረሻ ጊዜ የግብረ *ሥጋ* ግንኙነት ሲፈፅሙ ኮንዶም ካልተጠቀማችሁ ምክንያቱ ምንድነዉ? **ሌላስ በማለት ለማውጣጣት ሞክር** **(ምርጫዉን አያንብቡ)** ለተጠቀሱት መልሶች ሁሉ በአኒያው ያለውን ፊደል ያክብቡ	ስለማይገኝ/ስላልነበረ ዉድ ስለሆነ ንጠቀም ማለት ስላሳፈረኝ/ስላልደፈርኩ ጓደኛዬ ስለተቃወመ/ች በችኮላ/ስለተጣደፍን ረስተን ለመግዛት/ለመጠየቅ ስላፈርኩ ሌላ የወሲድ መቆጣጠሪያ ስለተጠቀምን አስፈላጊ መስሎ ስላል የኝ አላሰብኩበትም ነበር አለርጂ/ማሳከክ ስለሚያመጣብኝ ስለማልወድ ጓደኛዬን ስለማምናት/ስለማምነው አልኮል ጠጥቼ ስለነበር ኮንዶም አጠቃቀም ስለማላውቅ ኮንዶም በየጊዜው የተቀደደ ስላስቸገረኝ ርካ ስለሚቀንስብን ልጅ መዉለድ ስለምፈለግ ..... ሌላ / አላስ ውስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	

506	በዚህ ግንኙነት ዉስጥ ኮንዶም አጠቃቀምዎ ንዴት ነበር? (ምርጫውን ያንብቡ)	ሁል ጊዜ አብዛኛዉን ጊዜ አንዳንድ ጊዜ ምንም ጊዜ አላስ ዉስም መልስ የለም	1 2 3 4 97 99	

ክፍል 6:
የወንድና የሴት ኮንዶምን በተመለከተ

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
601	ማጣሪያ ቁጥር 303:403:503 ተመልከቱ ኮንዶም ተጠቅመው ካልሆነ ወደ ጥያቄ ወደ 602 ኮንዶም ተጠቅመው ከሆነ ወደ ጥያቄ ወደ 604			
602	ከዚህ በፊት በማናቸዉም ወቅት እርስዎ ኮንዶም ተጠቅመዉ ያዉቃሉ? መልሱ የለም ከሆነ ወደ 603 ይለፉ	አዎ አላውቀም መልስ የለም	1 2 99	
603	ከዚህ በፊት የወንድ ኮንዶም መኖሩን ሰምተዋል? (የኮንዶም ናሙና ያሳዩ፡ የወንድ ኮንዶም በግብረ ሥጋ ግንኙነት ጊዜ በወንድ ብልት የሚጠለቅ ላስቲክ ነው)	አዎ አልሰማሁም አላውቀም መልስ የለም	1 2 88 99	606
604	የወንድ ኮንዶም የሚገኝበትን ቦ ወይም ግለሰብ ያውቃሉ? **አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 606 ይለፉ**	አዎ አላውቀም መልስ የለም	1 2 99	606
605	ኮንዶም የሚገኝበትን ቦ ወይም ግለሰብ ቢጠቅሱልኝ? (ምርጫዉን አያንቡ) ሌላ ያሉ በደንብ ጠይቀው ለማጣራት ይሞክሩ ለተጠቀሱት መልሶች ሁሉ በአካያው ያለውን ፊደል አክቡ	አዎ የለም ሱቅ 1 2 መድሐኒት ቤት 1 2 ገበያ ቦ 1 2 የግል ክሊኒክ 1 2 ከመንግስት ጤና ጣቢያ/ሆስፒ ል 1 2 የቤተሰብ ምጣኔ አገልግሎት 1 2 የወጣት ማዕከል/ድርጅት 1 2 ቡና ቤት /ሆቴል/ 1 2 ከምክር ሰጪዎች 1 2 ከአቻዎች 1 2 ከቤተሰብ 1 2 ከሸቀጣ ሸቀጥ አዘዋሪ 1 2 በገንዘብ ክፍያ የግብረ ስጋ የሚፈፅሙሴቶች 1 2 _____ሌላ (ይገለፅ) 1 2 መልስ የለም 99		
606	ከዚህ በፊት ስለ ሴት ኮንዶም ሰምተዉ ያዉቃሉ? **(የሴት ኮንዶም ናሙና ያሳዩ)** **በሴቶች ብልት ዉስጥ ከግብረ ስጋ ግንኙነት በፊት የሚቀመጥ ላስቲክ ማለት ነዉ።*	አዎን የለም መልስ የለም	1 2 99	701
607	ከዚህ በፊት በማናቸዉም ወቅት የሴት ኮንዶም ካደረገች ሴት ጋር ወሲብ ፈጽመው ያዉቃሉ?	አዎን የለም አላስ ውስም መልስ የለም	1 2 88 99	

ክፍል 7- አልኮልና አደንዛዥ ዕጽ አጠቃቀም በተመለከተ

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
701	ባለፈው አንድ ወር ጊዜ ውስጥ የአልኮል መጠጦች ጠጥተው ያውቃሉ? (ጠላ ጠጅ አረቄ ቢራንና የመሳሰሉትንም ይጨምራል) **መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 703 ይለፉ**	አዎ አይደለም አላውቀም መልስ የለም	1 2 88 99	703
702	ባለፈው አንድ ወር ጊዜ ውስጥ አልኮል አወሳሰድዎ ንዴት ነበር? **(መልሱ ይነበብላቸዉ)::**	በየቀኑ ሁሉንም ሳምንት በሳምንት ከአንድ ጊዜ በላይ ሁሉንም ሳምንት በሳምንት አንዴ የተወሰኑ ሳምንቶች በሳምንት ከአንድ ጊዜ በላይ የተወሰኑ ሳምንቶች በሳምንት አንዴ አላስ ውስም መልስ የለም	1 2 3 4 5 88 99	
703	አንዳንድ ሰዎች የተለያዩ አደንዛዥ/አነቃቂ ነገሮች ይወስዳሉ ርስዎ ከዚህ በፊት ከተጠቀሙ የትኛዉን አይነት ዕ ወስደዉ ያዉቃሉ? **አልወሰድኩም ካለ ወደ 705 ይለፉ** **(ክጫት በስተቀር ዝርዝሩ አይነበብም)** **ሌላስ ያሉ ይጠይቁ)**	ጫት ሺሻ/ጋያ ቤንዚን/ሀራምባ ሀሺሽ ግሉ/ኮላ ኮኬይን ክራክ ሄሮይን ስሙን የማላውቀው ሌላ(ይገለፅ) _____ አላውቅም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 98 99	705
704	ባለፈው አንድ ወር ከዚህን ነገሮች በየስንት ጊዜው ወስደዋል ? ***ከላይ የጠቀሷቸውን ብቻ ያነበቡ ይጠይቁ::** 1. በየቀኑ 2. ሁሉንም ሳምንት በሳምንት ከአንድ ጊዜ በላይ 3. ሁሉንም ሳምንት በሳምንት አንዴ 4. የተወሰኑ ሳምንቶች በሳምንት ከአንድ ጊዜ በላይ 5. የተወሰኑ ሳምንቶች በሳምንት አንዴ 6. አልወሰድኩም 7 አላስ ውስም 9 መልስ የለም	A. ጫት..... 1 2 3 4 5 6 7 9 B. ሺሻ/ጋያ ..... 1 2 3 4 5 6 7 9 C. ቤንዚን/ሀራምባ..... 1 2 3 4 5 6 7 9 D. ሀሺሽ..... 1 2 3 4 5 6 7 9 E. ግሉ/ኮላ..... 1 2 3 4 5 6 7 9 F. ኮኬይን ..... 1 2 3 4 5 6 7 9 G. ክራክ ..... 1 2 3 4 5 6 7 9 H. ሄሮይን ..... 1 2 3 4 5 6 7 9 I . ስሙን አላውቅም .... 1 2 3 4 5 6 7 9 J . ሌላ (ይገለፅ) 1 2 3 4 5 6 7 9 _____		
705	ባለፉት 12 ወራት በመርፌ የሚወሰድ አደንዛዥ ዕችን ተጠቅመው ያውቃሉ? • ለህክምና በመርፌ የሚሰጥ መድሀኒትን አይጨምርም	አዎን የለም አላስ ውስም መልሱ የለም	1 2 97 99	

ክፍል 8 ፡
በግብረስጋ ግንኙነት ስለሚተላለፉ የአባለዘር በሽ ዎች

ተ.ቁ	መጠይቅ	መልስ		ይለፍ
801	በግብረ ስጋ ግንኙነት የሚተላለፉ በሽ ዎች መኖራቸዉን ሰምተዉ ያዉቃሉ?	አዎን የለም መልስ የለም	1 2 99	804
802	በግብረስጋ ግንኙነት የሚተላለፉ የአባለዘር በሽ ዎች በሴቶች ላይ የሚያሳዩትን ምልክቶች ቢጠቅሱልኝ? **(ምርጫዉን አያንብቡ ከአንድ በላይ መልስ ሊሰጥ ይችላል ለተጠቀሱት መልሶች ሁሉ በአኳያው ያለውን ፊደል ያክብቡ።)**	ከ ምብርት በ ች ሆድ ህመም የብልት ፈሳሽ መጥፎ ሽ ያለዉ የብልት ፈሳሽ ሽንት ሲሸኑ የማቃጠል ስሜት የብልት ቁስል የብሽሽት ብጠት የብልት ማሳከክ ሌላ (ይገለፅ)_____ አላውቅም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	
803	በግብረ ስጋ ግንኙነት የሚተላለፉ የአባለዘር በሽ ዎች በወንዶች ላይ የሚያሳዩትን ምልክቶች ቢጠቅሱልኝ? **(ምርጫዉን አያንብቡ)** **ከአንድ በላይ መልስ ሊሰጥ ይችላል ለተጠቀሱት መልሶች ሁሉ በአኳያው ያለውን ፊደል ያክብቡ**	የብልት ፈሰሽ ሽንት ሲሸኑ የማቃጠል ስሜት የብልት ቁስል/መላጥ የብሽሽት ብጠት ሌላ (ይገለፅ)_____ አላውቅም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 97 99	
804	ባለፉት 12 ወራት ዉስጥ ከብልትዎ ፈሳሽ ወይም ብልትዎ ላይ ወይም አካባቢ ቁስለት ነበር? *ፈሳሽ ማለት በግብረ ሥጋ ግንኙነት ጊዜ የሚወጣውን ና መደበኛውን የዘር ፍሬ ፈሳሽ አይጨምርም። የለም ከሆነ ወደ ጥያቄ ቁጥር 901 ይለፉ	አዎን የለም አላስ ውስም መልስ የለኝም	1 2 97 99	
805	የብልት ፈሳሽ/ቁስለት መላጥ ባጋጠመዎት ጊዜ የወሰዱት ርምጃ አለ?	አዎን የለም አላስ ውስም መልስ የለም	1 2 97 99	901
806	የብልት ፈሳሽ/ቁስል መላጥ ባጋጠመዎት ጊዜ የወሰዱት ርምጃ ከነዚህ ሁሉ መጀመሪያ ያደረጉት ምንድ ነዉ? **አንድ መልስ ብቻ አክብብ**	ከመንግስት የጤና ተቋማት ምክር/ /መድሀኒት አገኘሁ ከግል የጤና ተቋማት ምክር / መድሀኒት አገኘሁ ከሐይማኖት ተቋማት ምክር / መድሀኒት አገኘሁ መንግስ ዊ ካልሆኑ ድርጅት ጤና ተቋማት ምክር ወይም መድሀኒት አገኘሁ ከግል መድሃኒት ቤት ምክር / መድሀኒት አገኘሁ ከባሕል መድሃኒት አዋቂዎች ምክር መድሀኒት አገኘሁ ፈቃድ ከሌለቸው የሕክምና ሰጪዎች ምክር አገኘሁ ቤት የነበረ ዘመናዊ መድሀኒት ተጠቀምኩ ቤት የነበረ ባህላዊ መድሃኒት ተጠቀምኩ ከግብረ ስጋ ጓደኛዬ ጋር ስለ ህመሙ ተማክርኩ ከቤተሰቦቼ ጋር ስለ ፈሳሽና/ቁስሉ ምክር ጠየቅኩ ከቅርብ ጓደኞቼ ስለ ፈሳሽ/ቁስሉ ምክር ጠየቅኩ የበሽ ዉን ምልክት ሳይ የወሲብ ግንኙነት አቆምኩ የወሲብ ግንኙነት ስፈፅም ኮንዶም ተጠቀምኩ ከሌላ ቦ ምክር/መድሃኒት አገኘሁ መልስ የለም	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 99	

807	ባለፈዉ ጊዜ የህመሙ ምልክት ሲ ይዎት መድሀኒት ወስደው ከሆነ መድሀኒቱን ከየት አገኙት? **(ምርጫዉን አያንብቡ)** **ከአንድ በላይ መልስ ሊሰጥ ይችላል** **ለተጠቀሱት መልሶች ሁሉ ከአኳያው ያለውን ቁጥር ያክብቡ ?????**	ከጤና ተቋማት መድሃኒት ቤት ፈቃድ ከሌለው የህክምና አገልግሎት ሰጪ ከመ/ቤት የህክምና ክፍል ከመድሃኒት አዋቂ ከጓደኛ ቤተሰብ ወይም ዘመድ ቤት ባለኝ መድሀኒት ተጠቀምኩ (ይገለፅ) _____ አላስ ዉስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 97 99	
808	የ ዘዘልዎትን መድሐኒት በሙሉ ወስደዋል? **መልሱ አዎን ከሆነ ወደ 901 ይለፉ**	አዎን የለም አላስ ዉስም መልስ የለም	**1** **2** 3 **99**	901
809	የ ዘዘልዎን መድሐኒት ካልወሰዱ ለምን ሳይወስዱ ቀሩ? **(ምርጫዉን አያንቡ)** **ከአንድ በላይ መልስ ሊሰጥ ይችላል** **ለተጠቀሱት መልሶች ሁሉ ከአኳያው ያለውን ሕበያክብቡ።።**	የተሻለኝ ስለመሰለኝ ስለረሳሁ ሌላ ባሕላዊ መድሐኒት ስለ ተጠቀምኩ የ ዘዘዉ መድሐኒት ጉዳት ስላስከተለብኝ ሌላ(ይጠቀስ) _____ አላስ ዉስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 97 99	

ክፍል 9
ስለ ኤች አይ ቪ ኤድስ አጠቃላይ መረጃ እውቀት /አመለካከት/ተጋላጭነት እሳቤ

ተ/ቁ	መጠይቅ	መልስ		ይለፍ
901	ስለ ኤች አይ ቪ ወይም ኤድስ ስለሚባል በሽታ ሰምተው ያውቃሉን	አዎ አላውቅም መልስ የለም	1 2 99	
902a	ኢች አይ ቪ ያለበት ወይም በኤድስ ሳቢያ የሞተ ሰው ያውቃሉን	አዎ አላውቅም መልስ የለም	1 2 99	
902b	ኤች አይ ቪ በደሙ ውስጥ ያለበት ወይም በኤድስ ሳቢያ የሞተ ገደኛ ዘመድ አለዎትን	አዎን የለኝም መልስ የለም	1 2 99	
903	ሰዎች ኮንዶምን በትክክለኛና ቀጣይ በሆነ መልኩ በመጠቀም ራሳቸውን ከኤች አይ ቪ ለመከላከል ይችላሉን	አዎ አይቻልም አላውቅም መልስ የለም	1 2 88 99	
904	በወባ ትንኝ አማካኝነት ኤች አይቪ ሊተላለፍ ይችላል?	አዎን አይችልም አላዉቅም መልስ የለም	1 2 88 99	
905	ሰዎች ከቫይረሱ ነጻ የሆነ ተገዳኝ ጋር ተወስኖ በመኖር ራሳቸውን ከኤች አይ ቪ ለመከላከል ይችላሉን	አዎን አይችልም አላዉቅም መልስ የለም	1 2 88 99	
906	ሰዎች ከግብረ ስጋ ግንኙነት በመታቀብ ራሳቸውን ከኤች አይ ቪ ለመከላከል ይችላሉን	አዎን አይችልም አላዉቅም መልስ የለም	1 2 88 99	
907	ሌላ ሰዉ በተወጋበትን መርፌ በጋራ በመጠቀም አንድ ሰዉ ኤች አይ ቪ ሊያዝ ይችላልን?	አዎን አይያዝም አላዉቅም መልስ የለም	1 2 88 99	

908	አንድ ሙሉ ጤነኛ የሚመስል ሰው ኤች አይ ቪ ሊኖረው ይችላልን	አዎ አይደለም አላውቀም መልስ የለም	1 2 88 99	
909	በኤች አይቪ ህዋስ የተያዘች ነፍሰ ጡር ሴት በማህፀኗ ላለ ፅንስ ቫይረሱን ል ስተላልፍ ትችላለች? **መልሱ አትችልም ከሆነ ወደ 912 ይለፉ**	አዎ አትችልም አላውቅም መልስ የለም	1 2 97 99	
910	በኤች አይ ቪ የተያዘች ነፍሰ ጡር ናት የኤች አይቪ አምጪ ቫይረስ ወደ ፅንሱ ንዳይተላለፍ ምን ማድረግ አለባት? **(ዝርዝሩ አይነበብ።)** **ከአንድ በላይ መልስ ሊሰጥ ይችላል** **ለተጠቀሱት መልሶች ሁሉ ከአኳያው ያለውን ፊደል አክብብ።**	የቫይረስ መከላከያ መድ ኒት መጠቀም የጤና ባለሞያ ማማከር. _____ሌላ (ይገለፅ) አላወቅም መልስ የለም	አዎ የለም 1 2 1 2 1 2 98 99	
911	በኤች አይ ቪ የተያዘች ሴት ጡት በማጥባት ወደተወለደዉ ህፃን ቫይረሱን ማስተላለፍ ትችላለች?	አዎን አትችልም አላውቀም መልስ የለም	1 2 97 99	
912	ኤች አይ ቪ የያዘ ኮንዶም የዋጠች ዶሮ የጣለችዉ ንቁላል ጥሬውን ቢበላ/ቢጠጣ ኤች አይ ቪ ሊያሲዝ ይችላልን?	አዎን አያስይዝም አላዉቅም መልስ የለም	1 2 97 99	
913	ኮንዶም ቅባት በውስጡ ኤች አይ ቪ ሊኖረው ይችላልን	አዎን አይችልም አላዉቅም መልስ የለም	1 2 97 99	
914	በኤች አይቪ የተያዘ ሰዉ ምግብ አዘጋጅቶ ቢሰጥ ቫይረሱ ሊተላለፍ ይችላል?	አዎን አይችልም አላዉቅም መልስ የለም	1 2 97 99	
915	የአልኮል መጠጦችን መጠጣት ወይም የሚያቃጥል በርበሬ መብላት ከኤች አይቪ/ኤድስ ሊከላከል ይችላልን?	አዎን አይችልም መልስ የለም	1 2 99	
916	በ ላላቆች፣ የሃይማኖት ወይም የባህላዊ ዕምነት አባቶች ርግማን አንድ ሰው በቫይረሱ ይያዛልን?	አዎን አይያዝም አላዉቅም መልስ የለም	1 2 97 99	
	በኤች አይ ቪ /ኤድስ ምክንያት መድሎና መገለል			
917	ከቤተሰብሞ አንድ ሰዉ በኤድስ ቢ መም መ መሙ ንዳይ ወቅ በድብቅ ንዲሆን ይፈልጋሉ?	አዎን አልፈልግም መልስ የለም	1 2 99	
918	የቤተሰብሞ አባል/ የቅርብ ዘመድዎ የሆነ ሰው በኤድስ ምክንያት ቢሞት ሌሎች ንዲማሩበት ይገልጻሉን?	አዎን በፍፁም አልናገርም ለቅርብ ወዳጆቼ ብቻ ናገራለሁ መልስ የለም	1 2 3 99	
919	አንድ ወንድ/ሴት ዘመድዎ በኤድስ ቢ መም በቤት ውስጥ ሊንከባከቡት ይፈቅዳለን?	አዎን አልፈቅድም መልስ የለም	1 2 99	
920	አንድ በኤች አይቪ የተያዘ የ ክሲ ማህበረሰብ አባል ሥራውን መቀጠል አለበት ብለው ያስባሉ	አዎን የለበትም መልስ የለም	1 2 99	
921	በኤች አይ ቪ መያዙን ከሚያውቁት ሰዉ ምግብ መመገብ ይፈቅዳሉን?	አዎን አልፈቅድም መልስ የለም	1 2 99	
922	ከአሁን በፊት ባለው ሁኔ ዎ በኤች አይቪ የመያዝ ድልዎ ምን ያህል ነዉ ይላሉ? (ምርጫው ከኮድ 1-3 ብቻ ይነበብ)	ምንም ዝቅተኛ መካከለኛ ከፍተኛ አላዉቅም መልስ የለም	1 2 3 4 88 99	

923	መልስዎ (የመያዝ ድልዎ/አጋጣማዎ) ምንም/ዝቅተኛ ከሆነ ለምን? ምርጫውን አ ንብብ። **(ተጨማሪ ጠይቅ)** **ከአንድ በላይ መልስ ሊሰጥ ይችላል** **ለተጠቀሱት መልሶች ሁሉ ከአኳያው ያለውን ፊደል አክብብ።**	የግብረ ስጋ ግንኙነት ፈጽሜ አላውቅም ከግብረ ስጋ ግንኙነት ስለ ቀብኩ ጓደኛዬን ስለማምን ሌላ ሰዉ በተወጋበት መርፌ ሥላልተወጋሀ ሁል ጊዜ ኮንዶም ስለምጠቀም ጤነኛ ስለሆንኩና በኤች አይቪ ከተያዘ ሰዉ ጋር ግንኙነት ስለሌለኝ _____ሌላ (ይገለፅ) አላዉቅም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 88 99	
924	መልስዎ የመያዝ ድልህ/ አጋጣሚ መካከለኛ ወይም ከፍተኛ ነዉ የሚል ከሆነ ለምን? (ምርጫውን አ ንብብ።) **ተጨማሪ ጠይቅ** **ከአንድ በላይ መልስ ሊሰጥ ይችላል** **ለተጠቀሱት መልሶች ሁሉ ከአኳያው ያለውን ፊደል አክብብ።**	ኤች አይ ቪ ካለበት ጋር ወሲብ ስለፈጸምኩ ያለ ኮንዶም የግብረ ስጋ ግንኙነት ለፈጸምኩ. ከአንድ በላይ የወሲብ ጓደኛ ስላለኝ ገንዘብ ክፍያ ወሲብ ከምትፈፅም ሴት ጋር ግንኙነት ስለፈፀምኩ ኮንዶም /ስለተቀደደ በስለ ም ነገሮች ስለተወጋሁ / ስለተቆረጥኩ _____ሌላ (ይገለጽ) አላስ ዉስም መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 88 99	

ክፍል 10
ስለ ኤች አይ ቪ አገልግሎቶች/ መረጃ ግንዛቤ አገልግሎቶች ምንጭ

	መጠይቅ	መልስ		ይለፍ
1001	በአካባቢዎ የኢች አይ ቪ ምርመራ አገልግሎት የሚሰጥበት ቦ እንዳለ ያውቃሉን	አዎን የለም መልስ የለም	***1*** ***2*** ***99***	
1002	በአካባቢያችሁ ምስጢራዊነቱ የተጠበቀ የኢች አይ ቪ ምርመራ አገልግሎት ማግኘት የሚቻለው የት ነው (ዝርዝሩ ይነበብ)	በጤና ጣቢያ በግል ክልኒኮች መንግስ ዊ ባልሆኑ ድርጅቶች በሆስፒ ሎች . ሌላ(ይገለፅ)_____ መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 99	
1003	ውጤቱን አይንገሩኝ ግን ባለፉት 12 ወራት ውስጥ የኤች አይ ቪ ምርመራ አገልግሎት ተጠቃሚ ሆነዋልን መልሱ የለም ከሆነ ወደ 1005 ይለፉ	አዎን የለም መልስ የለም	1 2 99	
1004	ምርመራው እንደሚስፈልግና የት እንደሚሰጥ መረጃውን ከየት አገኙ	ከአቻ መሪ ከጎደኛ ከመገናኛ ብዙሀን _____ሌላ መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 99	
1005	የኤች አይ ቪ ምርመራና ምክክር አገልግሎት ተጠቃሚ ካለሆኑ ምክንያትዎ ምንድነው	ተጋላጭነት የለኝም ፈራሁ _____ሌላ መልስ የለም	አዎ የለም 1 2 1 2 1 2 99	
1006	የዚህ አገልግሎት መኖር ጠቀሜ አለው ብለው ያምናሉ?	አዎን አላምንም መልስ የለም	1 2 99	
1007	ስለ ኤአ ክሲ የአቻ መሪ ፕሮግራም ሰምተው ያውቃሉን **አላውቅም ካሉ ወደ ጥያቄ ቁጥር 1012 ይለፉ**	አዎን አላዉቅም መልስ የለም	1 2 99	1012

1008	በ ክሲ. የአቻ መሪ ፕሮግራም ድ`ርሻዎ ምንድነው	ኮር አሰልጣኝ አቻ መሪ አሰልጣኝ አቻ መሪ አቻ ተጠቃሚ መልስ የለም	1 2 3 4 99	
1009	የአአ ክሲ. አቻ መሪ ፕሮግራም አርማ ያስታውሱታልን የሚያስታውሱት ከሆነ በምልክት ያሳዩ ይግለጡት ይሳሉት **አርማውን ካወቁት 1 ካላወቁት 2 ክበቡ**	አዎን አላዉቅም መልስ የለም	1 2 99	
1010	በአአ ክሲ. የአቻ መሪ ፕሮግራም በውይይት ላይ ተሳትፈው ያውቃሉን	አዎን አላዉቅም መልስ የለም	1 2 99	
1011	በ ክሲ. የአቻ መሪ ፕሮግራም በታክሲ. ፕሮጀክት የተዘጋጀ ስልጠና ወስደው ያውቃሉን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1012	ባለፉት 12 ወራት ስለኤች አይ ቪ ኤድስና ተዛማጅ ጉዳዮች የተዘጋጀ በራሪ ጽሁፍ በታክሲ. ፕሮጀክት በኩል ደርሰዎት ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1013	ባለፉት 12 ወራት ስለ ኤች አይ ቪ የተዘጋጀ ፖስተር በታክሲ. ፕሮጀክት በኩል ደርሶዎት ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1014	ባለፉት 12 ወራት ለታክሲ. ማህበረሰብ የተዘጋጀ ሴችንቶ ጋዜጣ በታክሲ. ፕሮጀክት በኩል ደርሶዎት ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1015	ባለፉት 12 ወራት በታክሲ. ፕሮጀክት በኩል የተዘጋጀ የመንገድ ላይ ድራማ ተመልካች /ተሳታፊ ሆነው ያውቃሉን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1016	ባለፉት 12 ወራት በነፃ የሚታደል ኮንዶም በፕሮጀክቱ በኩል ደርሶዎት ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1017	ባለፉት 12 ወራት ለኤች አይ ቪ ምርመራ አገልግሎት በአቻ መሪ ምክር ተቀብለው/ ሪፈር ተደርገው ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1018	ባለፉት 12 ወራት ለአባለዘር ህክምናና ምርመራ አገልግሎት በአቻ መሪ ምክር ተቀብለው/ ሪፈር ተደርገው ያውቃልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1019	ባለፉት 12 ወራት ከቫይረሱ ጋር የሚኖሩ የታክሲ. ማህበረሰብ አባላትን ለመደገፍ በተቀቀመ የመረዳጃ ማህበር ውስጥ ተሳትፈዋልን	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	
1020	ባለፉት 12 ወራት ለኤች አይ ቪ በሚጋልጡዎት ባህሪ ከነበሩ በነዚህ ባህርያት ላይ ለውጥ አይተዋልን **መልሱ የለም ከሆነ አመስግነው መጠይቁን ያብቁ**	አዎን የለም አላዉቅም መልስ የለም	1 2 3 99	

1021	ምን አይነት የባህሪ ለውጥ ነው ያዩት የሚመለከታቸውን ይክበቡት	መጠጥ አቆምኩ ጫት አቆምኩ ታቀብኩ ምርመራ አድርጌ ራሴን አወቁኩ ኮንዶም በቀጣይ መጠቀም ጀመርኩ አገባሁ/ተወሰንኩ ገንዘብ መቆጠብ ጀመርኩ _____ሌላ መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 99	
1022	ይህ ለውጥ በምን አማካኝነት የመጣ ይመስልዎታል	በገቢያኛ ምክር በአቻ መሪዎች ምክር በመገናኛ ብዙሐን ምክር በሌላ መልስ የለም	አዎ የለም 1 2 1 2 1 2 1 2 99	

ይህ የመጠይቁ ማጠቃለያ ነዉ::
ጊዜዎን መሰዋዕት አድርገው ስለመለሱልኝ አመሰግናለሁ:: ላደረጉልኝ ትብብር ሳላደንቅዎት አላልፍም